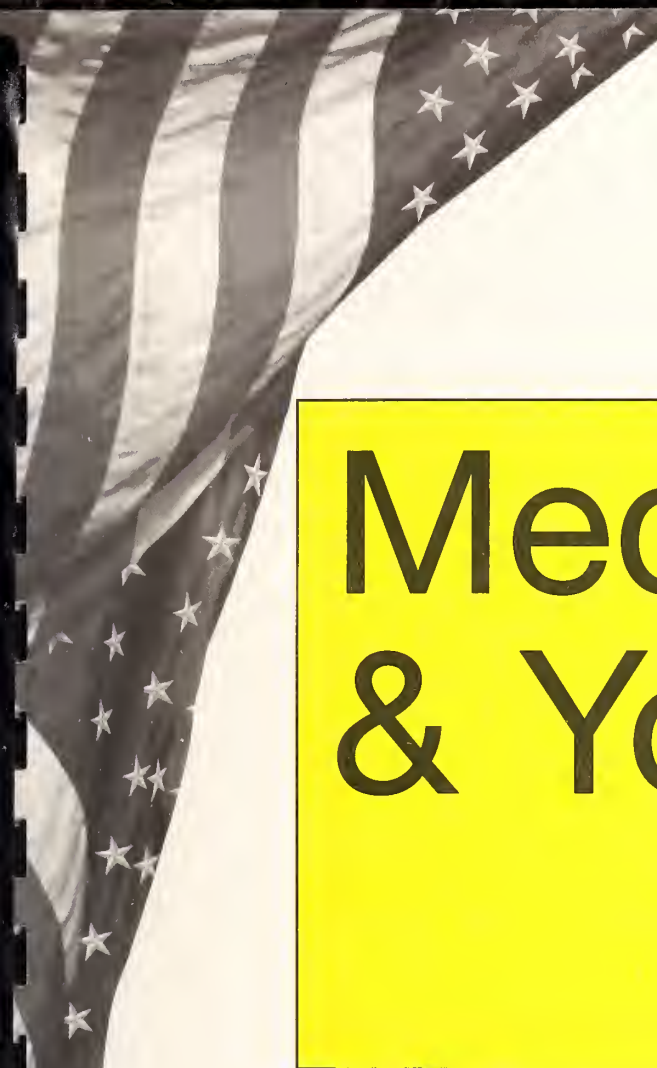




Large Print Edition

Medicare & You 2002



This handbook has important information about:

- Your Medicare benefits.
- Choosing a health plan that's right for you.
- New ways to get information.

How do you find what you need? See page 166.

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Welcome to Medicare & You!

Your Medicare health care coverage is one of the most important assets you have. This handbook is designed to help you learn about the health care choices you have as a person with Medicare. It also tells you about new benefits and new ways to get information.

Fall is the time to look at the Medicare coverage you have and to consider which insurance plan would work best for you. Start with "Section 2: Medicare Basics" to understand Medicare coverage and the types of choices that are important for you to consider. Get the facts you need and make the best choice for you.

We're making it easier for you to learn about your choices with...

- ✓ **Expanded phone services.** Call 1 800 633 - 4227 for fast answers to your questions. Starting October 1, 2001, you can speak with a customer service representative 24 hours a day, including weekends (see pages 16 - 17).
- ✓ **Information on the Web.** Look on www.medicare.gov for information you can trust. You can get the most up-to-date Medicare news and answers to your questions right now (see pages 18 - 19).

Welcome to Medicare & You! (continued)

- ✓ **New tool to help you decide.** Choosing the Medicare health plan that's right for you is an important decision. The new "Medicare Personal Plan Finder" can help you make your health plan choice. This new service is on www.medicare.gov on the Web. Or, call 1 800 633 - 4227. Ask about the "Medicare Personal Plan Finder." Details are on pages 51 - 54.

No matter which Medicare health plan you pick, you are still in Medicare. You will get all the Medicare services and protections you know and trust.



Tommy G. Thompson
Secretary
Health and Human
Services



Thomas A. Scully
Administrator
Centers for Medicare &
Medicaid Services

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__ Pages 166 - 175

● **End of Page**

3 — What's New in Medicare

New coverage for:

- Glaucoma screening, see page 33.
- Clinical trials, see page 41.
- Macular degeneration of the eye (age-related) treatment, see page 30.
- Medical nutrition therapy services, see page 30.

New rules for:

- Joining and leaving Medicare health plans, see pages 87 - 93.
- People with ALS (Lou Gehrig's Disease), see page 40.
- Immunosuppressive drug coverage, see page 30.

New services:

- 1 800 633 - 4227 (TTY/TDD: 1 877 486 - 2048) is available 24 hours a day, including weekends starting October, 2001 (see pages 16 - 17).
- The "Medicare Personal Plan Finder" can help you choose the right health plan (see pages 51 - 54).
- **End of Page**

4 __ What's New in Medicare (continued)

If you have Employer or Union Health Coverage:

Call your employer or union before you make any changes to your health coverage. Your employer or union may offer different plans than those described in this book. See page 101 and questions on pages 37 - 39, and 43 for important information.

If you are a Railroad Retiree:

Call your local Railroad Retirement Board office for answers to Medicare questions. You can find your local office by calling 1 800 808 - 0772. More information about Medicare for Railroad Retirees is at www.rrb.gov on the Web.



If your address changes:

Call the Social Security Administration at 1 800 772 - 1213.

Medicare & You 2002 explains the Medicare program. It is not a legal document. The official Medicare program provisions are contained in the relevant laws, regulations, and rulings.

5 — Section 1: Words To Know - Letters A through C

A

Appeal - An appeal is a special kind of complaint you make if you disagree with any decision about your health care services. For example, if Medicare doesn't pay or doesn't pay enough for a service you got or would like to get. This complaint is made to your Medicare health plan or the Original Medicare Plan. There is usually a special process you must use to make your complaint.

B

Benefit Period - The way that Medicare measures your use of hospital and skilled nursing facility services. A benefit period starts the day you go to a hospital or skilled nursing facility. The benefit period ends when you haven't received hospital or skilled nursing care for 60 days in a row. If you go to the hospital after 60 days, a new benefit period begins. You must pay an inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.

C

Coinsurance - The percent of the Medicare-approved amount that you have to pay after you pay the deductible for Part A and/or Part B. In the Original Medicare Plan, the coinsurance payment is a percentage of the approved amount for the service (like 20%).

● **End of Page**

6 __ Section 1: Words To Know (continued) - Letters C through I

C (continued)

Copayment - In some Medicare health plans, the amount that you pay for each medical service, like a doctor visit. A copayment is usually a set amount you pay for a service. For example, this could be \$5 or \$10 for a doctor visit. Copayments are also used for some hospital outpatient services in the Original Medicare Plan.

Critical Access Hospitals - A small facility that gives limited outpatient and inpatient hospital services to people in rural areas.

D

Deductible - The amount you must pay for health care, before Medicare begins to pay, either each benefit period for Part A, or each year for Part B. These amounts can change every year.

H

Health Maintenance Organization (HMO), Medicare - A type of Medicare managed care plan where a group of doctors, hospitals, and other health care providers agree to give health care to Medicare beneficiaries for a set amount of money from Medicare every month. In an HMO, you usually must get all your care from the providers that are part of the plan.

I

Inpatient Care - Health care that you get when you are admitted to a hospital.

7 __ Section 1: Words To Know (continued) - Letters L through M

L

Lifetime Reserve Days - Sixty days that Medicare will pay for when you are in a hospital for more than 90 days in a benefit period. These 60 reserve days can be used only once during your lifetime. For each lifetime reserve day, Medicare pays all covered costs except for a daily coinsurance amount (\$396 in 2001).

Limiting Charge - The highest amount of money you can be charged for a covered service by doctors and other health care providers who don't accept assignment. The limit is 15% over Medicare's approved amount. The limiting charge only applies to certain services and does not apply to supplies or equipment.

M

Medicaid - A joint federal and state program that helps with medical costs for some people with low incomes and limited resources. Medicaid programs vary from state to state, but most health care costs are covered if you qualify for both Medicare and Medicaid.

Medically Necessary - Services or supplies that:

- are proper and needed for the diagnosis or treatment of your medical condition;
- are used for the diagnosis, direct care, and treatment of your medical condition;
- meet the standards of good medical practice in the local community; and
- are not mainly for the convenience of you or your doctor.

8 __ Section 1: Words To Know (continued) - Letter M

M (continued)

Medicare + Choice Plan - A health plan, such as an HMO or Private Fee-for-Service plan offered by a private company and approved by Medicare. An alternative to the Original Medicare Plan.

Medicare-Approved Amount - The fee Medicare sets as reasonable for a covered medical service. This is the amount a doctor or supplier is paid by you and Medicare for a service or supply. It may be less than the actual amount charged by a doctor or supplier. The approved amount is sometimes called the “approved charge.”

Medicare Managed Care Plan - These are health care choices in some areas of the country. In most plans, except in emergencies or certain cases when care is urgently needed, you can only go to doctors, specialists, or hospitals on the plan's list. Plans must cover all Medicare Part A and Part B health care. Some plans cover extras, like prescription drugs. Your costs may be lower than in the Original Medicare Plan.

Medicare Private Fee-for-Service Plan - A private insurance plan that accepts people with Medicare. You may go to any Medicare-approved doctor or hospital that accepts the plan's payment. The insurance plan, rather than the Medicare program, decides how much it will pay and what you pay for the services you get. You may pay more for Medicare-covered benefits. You may have extra benefits the Original Medicare Plan does not cover.

9 __ Section 1: Words To Know (continued) - Letters M through P

M (continued)

Medigap Policy - A Medicare supplement insurance policy sold by private insurance companies to fill “gaps” in Original Medicare Plan coverage. Except in Massachusetts, Minnesota, and Wisconsin, there are 10 standardized policies labeled Plan A through Plan J. Medigap policies only work with the Original Medicare Plan.

P

Peer Review Organization (PRO) - Groups of practicing doctors and other health care experts paid by the Federal Government to check and improve the care given to Medicare patients. They must review your complaints about the quality of care provided by inpatient hospitals, hospital outpatient departments, hospital emergency rooms, skilled nursing facilities, home health agencies, Private Fee-for-Service plans, and ambulatory surgical centers.

Premium - The periodic payment to Medicare, an insurance company, or a health care plan for health care coverage.

Preventive Services - Care to keep you healthy or to prevent illness, such as colorectal cancer screening, yearly mammograms, and flu shots.

10 __ Section 1: Words To Know (continued) - Letters P through R

P (continued)

Primary Care Doctor - A doctor who is trained to give you basic care. Your primary care doctor is the doctor you see first for most health problems. He or she makes sure that you get the care that you need to keep you healthy. He or she also may talk with other doctors and health care providers about your care and refer you to them. In many Medicare managed care plans, you must see your primary care doctor before you can see any other health care provider.

Q

Quality - Quality is how well the health plan keeps its members healthy or treats them when they are sick. Good quality health care means doing the right thing at the right time, in the right way, for the right person and getting the best possible results.

R

Referral - An OK from your primary care doctor for you to see a specialist or get certain services. In many Medicare managed care plans, you need to get a referral before you can get care from anyone except your primary care doctor. If you do not get a referral first, the plan may not pay for your care.

● End of Page

11 __ Section 1: Words To Know (continued) - Letters S through T

S

Skilled Nursing Facility Care* - A level of care that must be given or supervised by licensed nurses. All of your needs are taken care of with this type of service. Examples of skilled nursing care are: getting intravenous injections, tube feeding, oxygen to help you breathe, and changing sterile dressings on a wound. Any service that could be safely done by an average nonmedical person (or one's self) without the supervision of a licensed nurse is not covered.

* This definition in whole or in part was used with permission from Walter Feldesman, Esq., Dictionary of Eldercare Terminology 2000.

State Health Insurance Assistance Program (SHIP) -

A state program that gets money from the Federal Government to give free health insurance counseling and assistance to people with Medicare.

T

Telemedicine - The use of medical information exchanged from one site to another using electronic communications for the health and education of patients or providers and to improve patient care.

● **End of Page**

12 — Section 2: Medicare Basics

About This Handbook:

- **Finding Information:** The index starts on page 166. This is an alphabetical list of what is in this handbook, with page numbers.
- **Words underlined:** Important words underlined are defined on pages 5 - 11.
- **Sharing “Medicare & You 2002:”** Households with up to four people with Medicare will get one handbook to share. The handbook will be addressed to one person. This will help save Medicare money. The other people with Medicare in these households will get a postcard. It will tell them how to get an extra handbook if they need it. If your household gets more than one handbook, you can choose to share one copy in the future. If you want to share, call and tell a customer service representative at 1 800 633 - 4227 (TTY/TDD: 1 877 486 - 2048 for the hearing and speech impaired). Please have your red, white, and blue Medicare card with you when you call.
- **Please Keep this Handbook:** This handbook is good (valid) from January 1, 2002 through December 31, 2002. Use it in place of any older version you have now. Keep it where you can find it if you need it.
- **End of Page**

13 — Section 2: Medicare Basics (continued)

Did You Know...

...you can get free details about Medicare Health Plans? This information can help you choose the plan that's best for you. It includes a personal listing of plans in your ZIP code. It also has details about plan costs, benefits, and quality. It's important to learn as much as you can before you choose a plan.

To get your free information today, call 1 800 633 - 4227 or visit www.medicare.gov on the Web.

Medicare is a health insurance program for:

- People age 65 or older.
- Some people with disabilities under age 65.
- People with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a kidney transplant).

Medicare Has Two Parts

Part A Hospital Insurance, see pages 23 - 25.
Most people do not have to pay for Part A.

Part B Medical Insurance, see pages 26 - 29.
Most people pay monthly for Part B.

14 — Section 2: Medicare Basics (continued)

Medicare Health Plans

Today's Medicare is about Choice. Your health plan choices include:

- ✓ The Original Medicare Plan - Available nationwide. For more information, see page 57.

or

- ✓ Medicare + Choice Plans (pronounced “Medicare plus Choice”), including:
 - Medicare Managed Care plans (like HMOs, see page 84).
 - Medicare Private Fee-for-Service plans (see page 85).

Available in many areas.

The Medicare health plan that you choose affects many things, like cost, doctor choice, benefits (some have extra benefits, like prescription drugs), convenience, and quality (see pages 47 - 50).

NEW! For help comparing your health plan choices, use the new “Medicare Personal Plan Finder.” See pages 51 - 54 for details.

15 __ Section 2: Medicare Basics (continued)

**Need answers and information now?
Medicare is here for you.**

- I'm thinking about joining a Medicare HMO. Which one's best for me?
- I want to buy a Medigap policy. Which one has the extra coverage I need?
- How can I get prescription drug coverage?
- How do I get another Medicare card?
- How do I keep up with what's new in Medicare?
- I can't afford my health care. Can I get help?

Answers to these questions and more are as close as your phone or computer.

- Call 1 800 633 - 4227 (TTY/TDD: 1 877 486 - 2048 for the hearing and speech impaired) 24 hours a day, including weekends starting October 1, 2001. See pages 16 - 17 to learn how to use this free service.
- Visit www.medicare.gov on the Web for quick answers to your questions. See pages 18 - 19 for more details about Medicare's website.
- Read new booklets about Medicare. See pages 20 - 22 for details about getting free booklets to help you learn more.

16 __ Section 2: Medicare Basics (continued)

Call 1 800 633 - 4227

TTY/TDD: 1 877 486 - 2048 for the hearing and speech impaired.

We're here when you need us, 24 hours a day, including weekends.

When you call, you will hear:

Thank you for calling 1 800 MEDICARE.

We offer service in English and Spanish.

For **English**, press (1).

Para **Español**, oprima dos (2).

Please listen carefully as our options may change.

Choose from the following **Main Menu** options:

- Press **1** now: To sign up for Medicare, change your address or replace your Medicare Card.
- Press **2** now: For information on State programs that may help those with low incomes pay Medicare premiums and copayments.
- Press **3** now: To find out how your doctor or hospital bill is paid.

Tip: You don't have to call for options 1 - 3. The information is printed on pages 111 - 165.

Continued on page 17.

17 — Section 2: Medicare Basics (continued)

Call 1 800 633 - 4227 (continued)

TTY/TDD: 1 877 486 - 2048 for the hearing and speech impaired.

- Press **4** now: To order Medicare publications. (Please have the publication number ready, see pages 20 - 22.)
- Press **5** now: For answers to frequently asked questions, including information about Medicare Health Plan choices.
- Press **0** now: To speak with a customer service representative.
- **End of Page**

18 — Section 2: Medicare Basics (continued)

**Need answers and information now?
Visit our website, www.medicare.gov**

How do I get another Medicare card? I need a copy of a Medicare publication – What's the fastest way to get it? How do I keep up with what's new in Medicare?

Answers to these questions and more are as close as a computer. Go to Medicare's website for quick answers to your questions. The site is updated regularly, so visit often.

Publications

Read all of the Medicare publications on your computer or print out a copy to use now.

Compare Medicare Health Plans

Find the Medicare health plan that's best for you at "Medicare Health Plan Compare." Compare information about costs, benefits, and quality of care. To shop for health plans, use the new "Medicare Personal Plan Finder" to find the plans that best meet your needs.

Compare Nursing Homes

Trying to find a nursing home? Check out "Nursing Home Compare" for details on nursing homes in your area, including state inspection results and nursing staff information. You can get a copy of the Guide to Choosing a Nursing Home and a Nursing Home Checklist to help as you make your decision.

19 — Section 2: Medicare Basics (continued)

**Need answers and information now?
Visit our website, www.medicare.gov (continued)**

Answers to your Questions

Find basic information on Medicare, including coverage, eligibility, enrollment, and answers to frequently-asked questions. Let www.medicare.gov be your first stop for the answers you need now.

Look for a Physician

Select the “Participating Physician Directory” for a list of physicians who participate in Medicare. This directory includes physician names, addresses, and specialties.

And more...

Medicare’s website helps you find the answers you need. See pages 51 - 54 for more information on our new “Medicare Personal Plan Finder.” There’s also health information, phone numbers for helpful contacts, details on prescription drug help, and more. Some information is available in Spanish and Chinese.

● **End of Page**

20 — Section 2: Medicare Basics (continued)

Free Booklets About Medicare and Related Topics

Health care decisions are important. Medicare tries to give you information to help you make good decisions. You can order free booklets from Medicare to learn more about the topics that are of interest to you. We are always adding new booklets with detailed information about important subjects. The list below highlights some of the booklets that are available.

How do I get these booklets?

You can:

1. Look at www.medicare.gov on the Web and select "Publications." You can read, print, or order these booklets. This is the fastest way to get a copy.
2. Call 1 800 633 - 4227 (TTY/TDD: 1 877 486 - 2048 for the hearing and speech impaired) and select option "4" to order a free copy of the booklet you want. Have the publication number (see pages 21 - 22) ready when you call. You will get your copy within three weeks.
3. Put your name on the Web mailing list to get an e-mail message every time a new booklet is available. To sign up, go to www.medicare.gov and select "Subscribe to Our Mailing List" at the bottom of the page. Then, select the topic "Publications," type your e-mail address in the box at the bottom, and select "Subscribe."

21 — Section 2: Medicare Basics (continued)

Free Booklets About Medicare and Related Topics (continued)

What booklets are available?

- 2001 Guide to Health Insurance for People with Medicare: Choosing a Medigap Policy (CMS Pub. No. 02110)
- Does Your Doctor or Supplier Accept Assignment? (CMS Pub. No. 10134)
- Guide to Choosing a Nursing Home (CMS Pub. No. 02174)
- Health Care Coverage Directory for People with Medicare (CMS Pub. No. 02231) **NEW!**
- Medicare Appeals and Grievances (Complaints) (CMS Pub. No. 10119)
- Medicare & Clinical Trials (CMS Pub. No. 02226) **NEW!**
- Medicare and Other Health Benefits: Your Guide to Who Pays First (CMS Pub. No. 02179)
- Medicare Coverage of Kidney Dialysis and Kidney Transplant Services (CMS Pub. No. 10128)
- Medicare Coverage of Skilled Nursing Facility Care (CMS Pub. No. 10153)
- Medicare Home Health Care (CMS Pub. No. 10969)
- Medicare Hospice Benefits (CMS Pub. No. 02154)
- Medicare Preventive Services (CMS Pub. No. 10110)

Continued on page 22.

22 — Section 2: Medicare Basics (continued)

Free Booklets About Medicare and Related Topics (continued)

What booklets are available? (continued)

- Medicare Savings Programs (CMS Pub. No. 10126) **NEW!**
- New Rules for Switching Medicare Health Plans (CMS Pub. No. 02241) **NEW!**
- Pay it Right! Protecting Medicare from Fraud (CMS Pub. No. 10111)
- What Kind of Doctor is a Hospitalist? (CMS Pub. No. 02244) **NEW!**
- Where To Get Your Medicare Questions Answered (CMS Pub. No. 02246) **NEW!**
- Women with Medicare: Visiting Your Doctor for a Pap Test, Pelvic Exam, and Clinical Breast Exam (CMS Pub. No. 02248) **NEW!**
- Your Medicare Benefits (CMS Pub. No. 10116)
- Your Medicare Rights and Protections (CMS Pub. No. 10112) **NEW!**

Many of these booklets are available in English, Spanish, Audiotape (English and Spanish), Braille, and Large Print (English and Spanish). Some booklets are also available in Chinese.

For a catalog of Medicare booklets, call 1 800 633 - 4227 (TTY/TDD: 1 877 486 - 2048 for the hearing and speech impaired). Select option “4” to order a free copy of this catalog (CMS Pub. No. 02240).

23 — Section 3: The Medicare Program

Medicare has two parts. Medicare Part A is hospital insurance. Most people do not have to pay for Part A. Medicare Part B is medical insurance. Most people pay monthly for Part B.

What is Medicare Part A?

Medicare Part A (Hospital Insurance) helps cover your inpatient care in hospitals, critical access hospitals, and skilled nursing facilities. It also covers hospice care and some home health care. You must meet certain conditions.

Cost: Most people do not have to pay a monthly payment, called a premium, for Part A because they or a spouse paid Medicare taxes while they were working.

If you (or your spouse) did not pay Medicare taxes while you worked and you are age 65 or older, you still may be able to buy Part A. If you are not sure if you have Part A, look on your red, white, and blue Medicare card (see sample card on page 25). If you have Part A, "Hospital (Part A)" is printed on the lower left corner of your card. You can also call the Social Security Administration at 1 800 772 - 1213 or call your local Social Security office for more information about buying Part A. If you get benefits from the Railroad Retirement Board, call your local RRB office or 1 800 808 - 0772.

24 __ Section 3: The Medicare Program (continued)

Medicare Part A Helps Cover Your:

Hospital Stays: Semiprivate room, meals, general nursing, and other hospital services and supplies. This includes care you get in critical access hospitals and inpatient mental health care. This does not include private duty nursing, or a television or telephone in your room. It also does not include a private room, unless medically necessary.

Skilled Nursing Facility Care: Semiprivate room, meals, skilled nursing and rehabilitative services, and other services and supplies (after a related 3-day hospital stay).

Home Health Care: Part-time skilled nursing care, physical therapy, occupational therapy, speech-language therapy, home health aide services, medical social services, durable medical equipment (such as wheelchairs, hospital beds, oxygen, and walkers) and medical supplies, and other services.

Hospice Care: Medical and support services from a Medicare-approved hospice for people with a terminal illness, drugs for symptom control and pain relief, and other services not otherwise covered by Medicare. Hospice care is given in your home. However, short-term hospital and inpatient respite care (care given to a hospice patient by another caregiver so that the usual caregiver can rest) are covered when needed.

Blood: Pints of blood you get at a hospital or skilled nursing facility during a covered stay.

25 — Section 3: The Medicare Program (continued)

Do you need a new Medicare card?

Look at www.ssa.gov on the Web or call the Social Security Administration at 1 800 772 - 1213.

MEDICARE		HEALTH INSURANCE	
HEALTH CARE FINANCING ADMINISTRATION			
NAME OF BENEFICIARY			
JOHN DOE			
MEDICARE CLAIM NUMBER		SEX	
000-00-0000-A		MALE	
IS ENTITLED TO		EFFECTIVE DATE	
HOSPITAL (PART A)		07-01-1966	
MEDICAL (PART B)		07-01-1966	
SIGN HERE 			

● End of Page

26 __ Section 3: The Medicare Program (continued)

What is Medicare Part B?

Medicare Part B (Medical Insurance) helps cover your doctors' services, outpatient hospital care, and some other medical services that Part A does not cover, such as some of the services of physical and occupational therapists, and some home health care. Part B helps pay for these covered services and supplies when they are medically necessary (see pages 28 - 34).

Cost: You pay the Medicare Part B premium of \$50* per month in 2001. This may change January 1, 2002. In some cases, this amount may be higher if you did not sign up for Part B when you first became eligible. The cost of Part B may go up 10% for each 12-month period that you could have had Part B but did not sign up for it. You will have to pay this extra amount as long as you have Part B, except in special cases (see Q3 on pages 37 - 39).

*The new Part B premium amount will be available by January 1, 2002. You may be able to get help from your state to pay this premium (see page 103).

● End of Page

27 — Section 3: The Medicare Program (continued)

Enrolling in (Joining) Part B

Enrolling in Part B is your choice. If you already get Social Security or Railroad Retirement benefits, you are automatically enrolled in Part B starting the first day of the month you turn age 65. If you are under age 65 and disabled, you are automatically enrolled in Part B after you get Social Security or Railroad Retirement benefits for 24 months. Your Medicare card will be mailed to you about three months before your 65th birthday or your 25th month of disability benefits. If you do not want Medicare Part B, follow the instructions that come with the card.

If you choose to enroll in Part B, the premium is usually taken out of your monthly Social Security, Railroad Retirement, or Civil Service Retirement payment. In these cases, you **won't** get a bill for your premium. If you do not get any of these payments, Medicare sends you a bill for your Part B premium every three months. If you do not get your bill by the 10th of the month, call the Social Security Administration at 1 800 772 - 1213 or your local Social Security office. If you get benefits from the Railroad Retirement Board (RRB), call your local RRB office or 1 800 808 - 0772.

● End of Page

28 — Section 3: The Medicare Program (continued)

Enrolling in (Joining) Part B (continued)

If you are close to age 65 and are not yet getting either Social Security or Railroad Retirement benefits or Medicare, you can apply for both at the same time. You can also apply for Medicare only. You can sign up for Part B during your Initial Enrollment Period. Your Initial Enrollment Period begins three months before the month you turn 65 and ends three months after you turn age 65. If you wait until you are 65, or sign up during the last three months of your Initial Enrollment Period, your Medicare Part B start date will be delayed. To apply, you can call or visit your local Social Security office, or call Social Security at 1 800 772 - 1213. You may be able to apply at www.ssa.gov on the Web if you meet certain rules.

Medicare Part B Helps Cover Your:

Medical and Other Services: Doctors' services (not routine physical exams), outpatient medical and surgical services and supplies, diagnostic tests, ambulatory surgery center facility fees for approved procedures, and durable medical equipment (such as wheelchairs, hospital beds, oxygen, and walkers). Also covers second surgical opinions, outpatient mental health care, outpatient physical and occupational therapy, including speech-language therapy.

Clinical Laboratory Services: Blood tests, urinalysis, and more.

29 __ Section 3: The Medicare Program (continued)

Medicare Part B Helps Cover Your: (continued)

Home Health Care: Part-time skilled nursing care, physical therapy, occupational therapy, speech-language therapy, home health aide services, medical social services, durable medical equipment (such as wheelchairs, hospital beds, oxygen, and walkers) and medical supplies, and other services.

Outpatient Hospital Services: Hospital services and supplies received as an outpatient as part of a doctor's care.

Blood: Pints of blood you get as an outpatient or as part of a Part B covered service.

Medicare Also Helps Cover:

- Ambulance services (when other transportation would endanger your health).
- Artificial eyes.
- Artificial limbs that are prosthetic devices, and their replacement parts.
- Braces - arm, leg, back, and neck.
- Chiropractic services (limited), for manipulation of the spine to correct a subluxation.
- Emergency care.
- Eyeglasses - one pair of standard frames after cataract surgery with an intraocular lens.

30 __ Section 3: The Medicare Program (continued)

Medicare Also Helps Cover: (continued)

- Immunosuppressive drug therapy for transplant patients as long as you are covered by Medicare (transplant must have been paid for by Medicare).
- Kidney dialysis.
- Macular degeneration of the eye (age-related) treatment, using ocular photodynamic therapy with verteporfin.
- Medical nutrition therapy services for people with diabetes or kidney disease with a doctor's referral.
- Medical supplies - items such as ostomy bags, surgical dressings, splints, casts, and some diabetic supplies.
- Outpatient prescription drugs (very limited). For example, some oral drugs for cancer.
- Preventive services (see pages 31 - 34).
- Prosthetic devices, including breast prosthesis after mastectomy.
- Second opinion by a doctor (in some cases).
- Services of practitioners such as clinical social workers, physician assistants, and nurse practitioners.
- Telemedicine services in some rural areas.
- Therapeutic shoes for people with diabetes (in some cases).

31 __ Section 3: The Medicare Program (continued)

Medicare Also Helps Cover: (continued)

- Transplants - heart, lung, kidney, pancreas, intestine, bone marrow, cornea, and liver (under certain conditions and when performed at approved facilities).
- X-rays, MRIs, CAT scans, EKGs, and some other diagnostic tests.

Medicare Part B Preventive Services Chart

Medicare Part B Covered Preventive Services

Bone Mass Measurements:

- Frequency of testing varies with your health status.

Who is Covered...

Certain people with Medicare at risk for losing bone mass (see Q5 on page 81).

Continued on page 32.

- **End of Page**

32 __ Section 3: The Medicare Program (continued)

Medicare Part B Preventive Services Chart (continued)

Medicare Part B Covered Preventive Services

Colorectal Cancer Screening:

- Fecal Occult Blood Test - Once every 12 months.
- Flexible Sigmoidoscopy - Once every 48 months.
- Colonoscopy - Once every 24 months if you are at high risk for colon cancer. If you are not at high risk for colon cancer, once every 10 years, but not within 48 months of a screening flexible sigmoidoscopy.
- Barium Enema - Doctor can use this instead of a flexible sigmoidoscopy or colonoscopy.

Who is Covered...

All people with Medicare age 50 and older. However, there is no minimum age for having a colonoscopy.

Medicare Part B Covered Preventive Services

Diabetes Services and Supplies:

- Coverage for glucose monitors, test strips, and lancets.

Who is Covered...

All people with Medicare who have diabetes (insulin users and non-users).

- Diabetes self-management training.

Who is Covered...

Certain people with Medicare who are at risk for complications from diabetes, if requested by your doctor or other provider.

Continued on page 33.

33 __ Section 3: The Medicare Program (continued)

Medicare Part B Preventive Services Chart (continued)

Medicare Part B Covered Preventive Services

Glaucoma Screening:

- Once every 12 months, starting January 1, 2002.
Must be done or supervised by an eye doctor who is legally allowed to do this service in your state.

Who is Covered...

People with Medicare who are at high risk for glaucoma, including people with diabetes or a family history of glaucoma.

Medicare Part B Covered Preventive Services

Mammogram Screening:

- Once every 12 months. Medicare also covers new digital technologies for mammogram screening.

Who is Covered...

All women with Medicare age 40 and older. You can also get one baseline mammogram between ages 35 and 39.

Medicare Part B Covered Preventive Services

Pap Test and Pelvic Examination: (Includes a clinical breast exam)

- Once every 24 months. Once every 12 months if you are at high risk for cervical or vaginal cancer, or if you are of childbearing age and have had an abnormal Pap test in the past 36 months.

Who is Covered...

All women with Medicare.

Continued on page 34.

34 __ Section 3: The Medicare Program (continued)

Medicare Part B Preventive Services Chart (continued)

Medicare Part B Covered Preventive Services

Prostate Cancer Screening:

- Digital Rectal Examination - Once every 12 months.
- Prostate Specific Antigen (PSA) Test - Once every 12 months.

Who is Covered...

All men with Medicare age 50 and older.

Medicare Part B Covered Preventive Services

Shots (vaccinations):

- Flu Shot - Once a year in the fall or winter.

Who is Covered...

All people with Medicare.

- Pneumococcal Pneumonia Shot - One shot may be all you ever need. Ask your doctor.

Who is Covered...

All people with Medicare.

- Hepatitis B Shot

Who is Covered...

Certain people with Medicare at medium to high risk for Hepatitis B.

35 __ Section 3: The Medicare Program (continued)

Your Medicare Rights

If you have Medicare, you have certain guaranteed rights to help protect you. One of these is the right to a fair, efficient, and timely process for appealing decisions about health care payment or services. No matter how you get your Medicare health care, you always have the right to appeal. You may appeal if:

- You don't agree with the amount that is paid.
- A service isn't covered and you think it should be.
- A service is stopped before you think it should be.

You must be given instructions for filing an appeal. These instructions are either on the notice that explains what Medicare pays (see page 72) or in your health plan materials, depending on how you get your Medicare health care. If you decide to file an appeal, ask your doctor or provider for any information that may help your case.

In addition to your appeal rights, you also have certain rights to:

- Information
- Get Emergency Services
- See Doctors, Specialists, including Women's Health Specialists, and Hospitals
- Participate in Treatment Decisions

36 __ Section 3: The Medicare Program (continued)

Your Medicare Rights (continued)

- Know Your Treatment Choices
- Culturally Competent Services
- File Complaints
- Nondiscrimination
- Privacy of Personal Information
- Privacy of Health Information

Note: You may have additional rights if you are in the hospital or a skilled nursing facility, or if your home health care ends.

For more detailed information about your rights and protections, call 1 800 633 - 4227 to get a free copy of Your Medicare Rights and Protections. Look on page 20 for details about how to get this booklet.

- **End of Page**

37 — Section 3: The Medicare Program (continued)

Common Questions and Answers

Q1: How do I get a new Medicare card if my card is lost, stolen, or damaged?

A1: To get a new red, white, and blue Medicare card, call the Social Security Administration (SSA) at 1 800 772 - 1213. You can also get a new card from SSA at www.ssa.gov on the Web. Select "Medicare information." SSA will send you a new card. If you get benefits from the Railroad Retirement Board (RRB), call your local RRB office or 1 800 808 - 0772.

Q2: When do the Medicare premiums and coinsurance rates change? How will I know what they are?

A2: New Medicare premium and coinsurance rates come out each fall and become effective in January. If you get Social Security or Railroad Retirement benefits, new rates are sent to you each year with your cost of living adjustment notice in December. You can also get the new Medicare rates for 2002 after December 1, 2001, by looking at www.medicare.gov on the Web, or by calling 1 800 633 - 4227.

Q3: What if I didn't sign up for Medicare Part B when I first became eligible?

A3: If you didn't sign up for Medicare Part B when you first became eligible (for example, because you were still working), you may sign up during the General Enrollment Period or the Special Enrollment Period.

38 __ Section 3: The Medicare Program (continued)

Common Questions and Answers (continued)

Q3: What if I didn't sign up for Medicare Part B when I first became eligible? (continued)

A3: (continued)

1. General Enrollment Period

If you did not take Part B when you were first eligible for Medicare, you may sign up during a General Enrollment Period. This period runs from January 1 through March 31 each year. Remember, the cost of Part B may go up 10% for each 12-month period that you could have had Part B but did not take it, and you will have to pay this extra amount as long as you have Part B, except in special cases (see below and page 39).

You can sign up for Part B at your local Social Security office. If you get benefits from the Railroad Retirement Board, you can sign up at your local RRB office. Your Part B coverage will start on July 1 of the year you sign up.

2. Special Enrollment Period

If you didn't enroll in Part B when you were first eligible because you or your spouse were working and had group health coverage through your or your spouse's employer or union, you can sign up for Part B during a Special Enrollment Period.

39 — Section 3: The Medicare Program (continued)

Common Questions and Answers (continued)

Q3: What if I didn't sign up for Medicare Part B when I first became eligible? (continued)

A3: (continued)

2. Special Enrollment Period (continued)

You can sign up:

- Any time you are still covered by the employer or union group health plan, through your or your spouse's current or active employment, or
- During the 8 months following the month that the employer or union group plan coverage ends, **or** when the employment ends (whichever is first).

If you are disabled and working (or you have coverage from a working family member), the Special Enrollment Period rules also apply.

Most people who sign up for Part B during a Special Enrollment Period do not pay higher premiums.

However, if you are eligible but do not sign up during the Special Enrollment Period, you will only be able to sign up during the General Enrollment Period, and the cost of Part B may go up.

For more information about Medicare Part B, or to sign up for it, call the Social Security Administration at 1 800 772 - 1213, or call your local Social Security office. If you get benefits from the Railroad Retirement Board, call your local RRB office or 1 800 808 - 0772.

40 __ Section 3: The Medicare Program (continued)

Common Questions and Answers (continued)

Q4: I am under age 65 and have ALS (Amyotrophic Lateral Sclerosis), known as Lou Gehrig's disease. When can I get Medicare?

A4: Congress passed a new law. Starting July 1, 2001, if you are under age 65 and have Lou Gehrig's disease (ALS), you get your Medicare benefits either July 1, 2001 or the first month you get disability benefits from Social Security or the Railroad Retirement Board, whichever is later. For more information about disability benefits, look at www.ssa.gov on the Web. Or, call the Social Security Administration at 1 800 772 - 1213.

Q5: Does Medicare pay for prescription drugs?

A5: The Original Medicare Plan does not cover prescription drugs except in a few cases, like certain cancer drugs. Many Medicare + Choice plans cover prescription drugs, up to certain dollar limits (sometimes for an extra cost). Some Medigap policies and states also cover prescription drugs. For information about "Prescription Drug Assistance Programs," look at www.medicare.gov on the Web (see page 19). You can use this to learn about different prescription drug coverage options, including Medicare + Choice plans and Medigap policies.

● **End of Page**

41 — Section 3: The Medicare Program (continued)

Common Questions and Answers (continued)

Q6: Does Medicare cover dental services?

A6: Medicare does not cover routine dental care or most dental procedures such as cleanings, fillings, tooth extractions or dentures. In rare cases, Medicare Part B will pay for certain dental services. In addition, Medicare Part A will pay for certain dental services that you get when you are in the hospital. Call your local Medicare Carrier for more information (see pages 117 - 125). Some Medicare health plans may offer additional dental coverage.

Q7: Does Medicare cover my costs if I am in a clinical trial?

A7: Yes. Medicare pays for routine costs if you take part in an approved clinical trial. Clinical trials test new types of medical care, like how well a new cancer drug works. Clinical trials help doctors and researchers see if the new care works and if it is safe. For more information about clinical trials, get a free copy of Medicare & Clinical Trials. Look on page 20 for details about how to get this booklet.

● **End of Page**

42 __ Section 3: The Medicare Program (continued)

Common Questions and Answers (continued)

Q8: What diabetic supplies and services does Medicare cover?

A8: Diabetic Supplies: Medicare covers the same supplies for people with diabetes whether or not you use insulin. These include a glucose testing monitor, blood glucose test strips, lancet devices and lancets, and glucose control solutions. Medicare also covers therapeutic shoes for people with diabetes. There may be some limits on supplies or how often you get them. For more information about diabetic supplies, call your Durable Medical Equipment Regional Carrier (see pages 132 - 133).

Diabetic Services: If your doctor thinks you are at risk for complications from diabetes, you are covered for diabetes self-management training. Medical nutrition therapy services are also covered for people with diabetes (or kidney disease) when referred by a doctor. These services can be given by a registered dietitian or nutrition professional and include diet counseling and therapy services to help you manage your diabetes. Starting January 1, 2002, Medicare covers glaucoma screening for people with diabetes or a family history of glaucoma. For more information about diabetic services, call your Medicare Carrier (see pages 117 - 125).

● End of Page

43 __ Section 3: The Medicare Program (continued)

Common Questions and Answers (continued)

Q9: I have more than one insurance. How do I know who pays first?

A9: Sometimes your other insurance pays your health care bills first and Medicare pays second. This is called Medicare Secondary Payer. Other insurance that may have to pay first includes: employer group health plan coverage under certain conditions, no-fault insurance, any liability insurance, black lung benefits, and workers' compensation. It is important that you tell your doctor and hospital that you have other insurance so they will know how to handle your bills correctly. If you have questions about who pays first, call the Coordination of Benefits Contractor at 1 800 999 - 1118 (TTY/TDD: 1 800 318 - 8782 for the hearing and speech impaired). For more information, get a free copy of Medicare and Other Health Benefits: Your Guide to Who Pays First. Look on page 20 for details about how to get this booklet.

Q10: What is a "private contract," and how does it work?

A10: A private contract is an agreement between you and a doctor who has decided not to give services through the Medicare program. If you sign a private contract with your doctor:

- Medicare won't pay any amount for the services you get from this doctor.
- You will have to pay whatever this doctor or provider charges you for the services you get. Medicare's limiting charge will not apply.

44 __ Section 3: The Medicare Program (continued)

Common Questions and Answers (continued)

Q10: What is a “private contract,” and how does it work? (continued)

A10: (continued)

- Medicare + Choice plans will not pay for these services.
- No claim should be submitted, and Medicare will not pay if one is submitted.
- Your Medigap policy, if you have one, will not pay anything for this service. Call your Medigap insurance company before you get the service if you have any questions.
- Many other insurance plans will not pay for the service either.
- Your doctor must tell you whether Medicare would pay for the service if you get it from another doctor who participates in Medicare.
- Your doctor must tell you if he or she has been excluded from the Medicare program.

The private contract only applies to the services you get from the doctor who asked you to sign it. You cannot be asked to sign a private contract in an emergency or urgent health situation.

You may want to talk with someone in your State Health Insurance Assistance Program before signing a private contract (see pages 126 - 131).

45 __ Section 3: The Medicare Program (continued)

Common Questions and Answers (continued)

Q11: Can I pay for a service myself, even if Medicare covers it?

A11: You can always choose to pay out-of-pocket for services that Medicare covers. If you want to pay for the service yourself, ask your doctor not to bill Medicare or any other insurance.

You can always choose to get services not covered under Medicare and pay for these services yourself. In this case, you do not have to sign a private contract, and your doctor does not have to stop giving services through Medicare.

Q12: How is the privacy of my medical records protected?

A12: You have the right to talk with health care providers in private and to have your personal health care information kept private as protected under federal and state laws.

There is a new patient privacy rule that gives you more access to your own medical records and more control over how your personal health information is used by your health care provider or your health plan. This rule will be fully effective on April 14, 2003.

If you have any questions about this privacy rule, look at www.hhs.gov/ocr/hipaa on the Web.

If you are in a Medicare + Choice plan, you also have the right to timely access to your medical records.

46 __ Section 4: Introduction to Medicare Health Plans

What are Medicare Health Plans?

Medicare offers you different ways to get your Medicare benefits. These different options are called Medicare health plans. Medicare health plans contract with and are managed by the Medicare program. How you get your health care in the Medicare program depends on which plan you choose. Depending on where you live, you may have more than one plan to choose from.

What types of Medicare health plans are available?

In 2002, Medicare offers the following types of Medicare health plans:

- **The Original Medicare Plan** (sometimes called fee-for-service) - Everyone with Medicare can join the Original Medicare Plan. This plan is available nationwide. Many people in the Original Medicare Plan also have a Medigap (Medicare Supplement Insurance) policy to help pay health care costs that this plan does not cover (see page 105).
- **Medicare + Choice (pronounced “Medicare plus Choice”) plans** - Medicare + Choice plans provide care under contract to Medicare. They may provide benefits like coordination of care or reduce out-of-pocket expenses. Some plans may offer additional benefits, such as prescription drugs. There are two types of Medicare + Choice plans. They are available in many parts of the country.

47 — Section 4: Introduction to Medicare Health Plans (continued)

What types of Medicare health plans are available? (continued)

Medicare + Choice plans include:

- Medicare managed care plans (like HMOs), and
- Medicare Private Fee-for-Service plans.

Choosing the Best Medicare Health Plan for You

How you get your Medicare health benefits affects many things. You need to think about things like cost, doctor choice, extra benefits, convenience, and quality when choosing your Medicare health plan. They are all important, but some may be more important to you than others. You need to look at what each plan offers and make the best choice for you.

Your choice will affect:

Cost

What will my out-of-pocket costs be? More information about your out-of-pocket costs starts on page 58.

Doctor Choice

Can I see the doctor(s) I want to see?

48 __ Section 4: Introduction to Medicare Health Plans (continued)

Choosing the Best Medicare Health Plan for You (continued)

Benefits

Do I need extra benefits and services, like prescription drugs, eye exams, hearing aids, or routine physical exams?

Convenience

Where are the doctors' offices and what are their hours? What about paperwork? Do I have to file claims myself? Is there a telephone hotline for medical advice from a nurse or other medical staff?

Quality Data to Help You Choose

Research shows that Medicare health plans differ on quality. The Medicare program measures the quality of care that people like you get. This information is available to everyone. To compare the quality of Medicare health plans in your area, go to www.medicare.gov on the Web and select "Medicare Health Plan Compare." Or, call 1 800 633 - 4227 and ask for health plan quality information.

● End of Page

49 __ Section 4: Introduction to Medicare Health Plans (continued)

What is important to you?

Think about what is most important to you in a health plan. Then look at this chart. It can help you see which types of plans have the things that are most important to you. The next two sections of this handbook give more details about these types of plans. Using the “Medicare Personal Plan Finder” can help you make your best health plan choice (see pages 51 - 54).

	Medicare + Choice Plans		
	Original Medicare Plan	Managed Care Plan (like an HMO)	Private Fee-for-Service Plan
Cost Total Out-of-Pocket Costs	High	Low to Medium	Medium to High
Doctor Choice	Widest Choose any doctor or specialist who accepts Medicare.	Some Usually must see a doctor or specialist who belongs to your plan.	Wide Choose any doctor or specialist who accepts the plan's payment.

Continued on page 50.

50 — Section 4: Introduction to Medicare Health Plans (continued)

What is important to you? (continued)

	Medicare + Choice Plans		
	Original Medicare Plan	Managed Care Plan (like an HMO)	Private Fee-for-Service Plan
Extra Benefits In addition to Medicare covered benefits.	None	Most Like prescription drugs, eye exams, hearing aids, or routine physical exams.	Some Like foreign travel or extra days in the hospital.
Convenience	Varies Available nationwide.	Varies Available in some areas. May require less paperwork and have phone hotline for medical advice.	Varies Available in some areas. May require less paperwork and have phone hotline for medical advice.

51 — Section 4: Introduction to Medicare Health Plans (continued)

NEW this Year! Step-by-Step Help for Choosing a Health Plan

Choosing the right health coverage is an important – but sometimes difficult – decision. The new “Medicare Personal Plan Finder” helps you narrow down your Medicare health plan choices and choose the plan that’s best for you! You can also get important information about special programs that might help you pay health care costs that Medicare doesn’t cover.

You can get this information two ways:

1. Visit www.medicare.gov on the Web for fast results. Select “Medicare Personal Plan Finder.”
2. Call 1 800 633 - 4227. Select option “0.” A customer service representative will help you. You will get your results in the mail within three weeks.

You will need to answer some simple questions, including:

- What parts of Medicare you have (Part A and/or Part B).
- Your age.
- What your general health is.

52 __ Section 4: Introduction to Medicare Health Plans (continued)

NEW this Year! Step-by-Step Help for Choosing a Health Plan (continued)

If you want information about programs that may help with your health care costs, you will need to answer questions about your income and resources.

Any information you give is always kept private.

“Medicare Personal Plan Finder” Results

When you use the “Medicare Personal Plan Finder,” you will get a personalized summary page (see sample on page 54) with general information to help you compare plans in your area. You can also get detailed information about all the plans available in your area, or just the ones you are most interested in.

● **End of Page**

53 — Section 4: Introduction to Medicare Health Plans (continued)

Sample Summary Page

You may be interested in:

- State Prescription Drug Assistance Program
(1 555 555 - 5555)
- “Medicare Basics” Seminar - 9/27/02
(1 555 555 - 5555)

On page 54 is a summary of the plans that are available in your ZIP code. The out-of-pocket costs column compares average cost for a person of your self-reported age and health status. The chart also includes information on doctor choice, and whether the plan offers any of the following extra benefits: outpatient prescription drugs, routine physical exams, vision services, and dental services.

- **End of Page**

54 __ Section 4: Introduction to Medicare Health Plans (continued)

Approximately xx% of people with Medicare have chosen this option. With this option, the Federal Government pays approximately \$xxx each month for beneficiaries.

Medicare Health Plans	Original Medicare Plan only	Original Medicare with a Medigap Plan—Medigap C	Original Medicare with a Medigap Plan—Medigap H	Medicare +Choice Plans—HMO Plan #1
Out-of-Pocket Costs	\$\$\$	\$\$	\$\$\$	\$\$
Doctor Choice (can you go to any doctor?)	✓	✓	✓	✓
Outpatient Prescription Drugs			✓	usually must see a doctor or a specialist who belongs to your plan
Routine Physical Exams				
Vision Services				
Dental Services				

55 __ Section 4: Introduction to Medicare Health Plans (continued)

Whether you get your Medicare health care coverage from the Original Medicare Plan or a Medicare + Choice plan:

- You are still in the Medicare program. The Original Medicare Plan and Medicare + Choice plans are all part of the Medicare program.
- You get at least all the Medicare Part A covered services listed on page 24.
- If you pay the monthly Part B premium (\$50 in 2001), you get all the Medicare Part B covered services listed on pages 28 - 29.
- The Medicare program helps you get quality health care.
- The Medicare program still pays for part of your health care.

You must have Medicare Part A and Part B to enroll in a Medicare + Choice plan.

What if I have other health insurance or coverage that isn't listed here?

Many people with Medicare also have health coverage in addition to Medicare. You may have or qualify for:

- A Medigap (Medicare Supplement Insurance) policy (see page 105),
- Employer or union health coverage (see page 101),

56 __ Section 4: Introduction to Medicare Health Plans (continued)

What if I have other health insurance or coverage that isn't listed here? (continued)

- Help from your state (see Medicare Savings Programs and Medicaid on pages 103 - 104),
- TRICARE for Life (for military retirees and their spouses and survivors, see page 102),
- Veterans' benefits (see page 101),
- Other insurance, like long-term care insurance (see page 108).

The way these types of insurance work with Medicare varies. See the page numbers shown above for more information.

- **End of Page**

57 — Section 5: Original Medicare Plan

What is the Original Medicare Plan?

The Original Medicare Plan is a “fee-for-service” plan. You are usually charged a fee for each health care service or supply you get. This plan, managed by the Federal Government, is available nationwide. If you are in the Original Medicare Plan, you use your red, white, and blue Medicare card when you get health care (see the sample card on page 25). If you are happy getting your health care this way, you do not have to change. You will stay in the Original Medicare Plan unless you choose to join a Medicare + Choice plan.

How does the Original Medicare Plan work?

- You may go to any doctor, specialist, or hospital that accepts Medicare. Generally, a fee is charged each time you get a service.
- If you have Part A, you get all the Medicare Part A covered services listed on page 24.
- If you pay the monthly Part B premium (\$50 in 2001), you get all the Medicare Part B covered services listed on pages 28 - 29.

Remember, terms underlined are defined on pages 5 - 11.

58 — Section 5: Original Medicare Plan (continued)

How does the Original Medicare Plan work? (continued)

- You pay a set amount for your health care (deductible) before Medicare pays its part. Then, Medicare pays its share, and you pay your share (coinsurance or copayment).
- After you get a health care service, you get a Medicare Summary Notice or an Explanation of Medicare Benefits in the mail (see page 72). These notices are sent by companies that handle bills for Medicare. The notice lists the amount you may be billed.

Your costs in the Original Medicare Plan

What you pay out-of-pocket depends on:

- Whether your doctor or supplier agrees to accept assignment (see page 78).
- How often you need health care.
- What type of health care you need.
- Whether you get services or supplies not covered by Medicare.
- Whether you have Part B.

Note: In most cases, you pay for any health care you get while traveling outside of the United States.

59 — Section 5: Original Medicare Plan (continued)

Your costs in the Original Medicare Plan (continued)

The charts on the next few pages show what you pay in the Original Medicare Plan. For details about these covered services, see page 24 for Part A and pages 28 - 29 for Part B.

To help cover the costs that the Original Medicare Plan does not cover, you can:

- Keep or get employer or union health coverage (see page 101), or
- Buy a Medigap (Medicare Supplement Insurance) policy (see page 105), or
- Check if you can get help from your state (see pages 103 - 104).
- **End of Page**

60 __ Section 5: Original Medicare Plan (continued)

Medicare Part A Coverage Chart

For more information on coverage, see page 24.

Medicare Part A (Hospital Insurance) Helps Pay For: Hospital Stays

What YOU Pay in 2001 in the Original Medicare Plan (see note on page 65)

For each benefit period YOU pay:

- A total of \$792 for a hospital stay of 1 - 60 days.
 - \$198 per day for days 61 - 90 of a hospital stay.
 - \$396 per day for days 91 - 150 of a hospital stay.
(See Lifetime Reserve Days on page 7.)
 - All costs for each day beyond 150 days.
-

Medicare Part A (Hospital Insurance) Helps Pay For:

Skilled Nursing Facility (SNF) Care: Look on page 20 for details about how to get a free booklet for more information.

What YOU Pay in 2001 in the Original Medicare Plan (see note on page 65)

For each benefit period YOU pay:

- Nothing for the first 20 days.
- Up to \$99 per day for days 21 - 100.
- All costs beyond the 100th day in the benefit period.

If you have questions about SNF care and conditions of coverage, call your Fiscal Intermediary (see pages 134 - 141).

61 — Section 5: Original Medicare Plan (continued)

Medicare Part A Coverage Chart (continued)

Medicare Part A (Hospital Insurance) Helps Pay For:

Home Health Care: Look on page 20 for details about how to get a free booklet for more information.

What YOU Pay in 2001 in the Original Medicare Plan (see note on page 65)

YOU pay:

- Nothing for home health care services.
- 20% of the Medicare-approved amount for durable medical equipment.

If you have questions about home health care and conditions of coverage, call your Regional Home Health Intermediary (see pages 142 - 144).

Continued on page 62.

- **End of Page**

62 — Section 5: Original Medicare Plan (continued)

Medicare Part A Coverage Chart (continued)

Medicare Part A (Hospital Insurance) Helps Pay For:

Hospice Care: Look on page 20 for details about how to get a free booklet for more information.

What YOU Pay in 2001 in the Original Medicare Plan (see note on page 65)

YOU pay:

A copayment of up to \$5 for outpatient prescription drugs and 5% of the Medicare-approved amount for inpatient respite care (short-term care given to a hospice patient by another caregiver, so that the usual caregiver can rest). The amount you pay for respite care can change each year.

If you have questions about hospice care and conditions of coverage, call your Regional Home Health Intermediary (see pages 142 - 144).

Medicare Part A (Hospital Insurance) Helps Pay For:

Blood

What YOU Pay in 2001 in the Original Medicare Plan (see note on page 65)

YOU pay:

For the first 3 pints of blood, unless you or someone else donates blood to replace what you use.

Continued on page 63.

63 __ Section 5: Original Medicare Plan (continued)

Medicare Part B Coverage Chart

For more information on coverage, see pages 28 - 29.

Medicare Part B (Medical Insurance) Helps Pay For:

Medical and Other Services

What YOU Pay in 2001 in the Original Medicare Plan (see note on page 65)

Each year YOU pay:

- \$100 deductible (once per calendar year).
- 20% of Medicare-approved amount after the deductible (see "assignment" on page 78).
- 20% for all outpatient physical, occupational, and speech-language therapy services.
- 50% for outpatient mental health care. (See Q1 on page 79.)

Medicare Part B (Medical Insurance) Helps Pay For:

Clinical Laboratory Services

What YOU Pay in 2001 in the Original Medicare Plan (see note on page 65)

YOU pay:

Nothing for Medicare-approved services.

Continued on page 64.

64 __ Section 5: Original Medicare Plan (continued)

Medicare Part B Coverage Chart (continued)

Medicare Part B (Medical Insurance) Helps Pay For:

Home Health Care: Look on page 20 for details about how to get a free booklet for more information.

What YOU Pay in 2001 in the Original Medicare Plan (see note on page 65)

YOU pay:

- Nothing for Medicare-approved services.
- 20% of the Medicare-approved amount for durable medical equipment.

If you have questions about home health care and conditions of coverage, call your Regional Home Health Intermediary (see pages 142 - 144).

Medicare Part B (Medical Insurance) Helps Pay For:

Outpatient Hospital Services

What YOU Pay in 2001 in the Original Medicare Plan (see note on page 65)

YOU pay:

A coinsurance or copayment amount, which may vary according to the service. Look on page 20 for details about how to get a free booklet for more information.

Continued on page 65.

65 — Section 5: Original Medicare Plan (continued)

Medicare Part B Coverage Chart (continued)

Medicare Part B (Medical Insurance) Helps Pay For:

Blood

What YOU Pay in 2001 in the Original Medicare Plan (see note below)

YOU pay:

For the first 3 pints of blood, then 20% of the Medicare-approved amount for additional pints of blood (after the deductible), unless you or someone else donates blood to replace what you use.

Note: New Medicare Part A and B amounts will be available by January 1, 2002. Actual amounts you must pay may be higher if the doctor or supplier does not accept assignment, **and you may have to pay the entire charge at the time of service.** Medicare will then send you its share of the charge (see page 78).

If you have general questions about Medicare Part B, call your Medicare Carrier (see pages 117 - 125). If you have questions about durable medical equipment, including diabetic supplies, call your Durable Medical Equipment Regional Carrier (see pages 132 - 133).

66 __ Section 5: Original Medicare Plan (continued)

Medicare Part B Preventive Services Chart

For more information on coverage, see pages 31 - 34.

Medicare Part B Covered Preventive Services

Bone Mass Measurements

What YOU pay in the Original Medicare Plan...

- 20% of the Medicare-approved amount (or a copayment amount) after the yearly Part B deductible.
-

Medicare Part B Covered Preventive Services

Colorectal Cancer Screening

What YOU pay in the Original Medicare Plan...

- Nothing for the fecal occult blood test. For all other tests, 20% of the Medicare-approved amount after the yearly Part B deductible. For flexible sigmoidoscopy or colonoscopy, you pay 25% of the Medicare-approved amount if the test is done in an ambulatory surgical center or hospital outpatient department.

Continued on page 67.

- **End of Page**

67 __ Section 5: Original Medicare Plan (continued)

Medicare Part B Preventive Services Chart (continued)

Medicare Part B Covered Preventive Services

Diabetes Services and Supplies

What YOU pay in the Original Medicare Plan...

- 20% of the Medicare-approved amount after the yearly Part B deductible.
-

Medicare Part B Covered Preventive Services

Glaucoma Screening

What YOU pay in the Original Medicare Plan...

- 20% of the Medicare-approved amount after the yearly Part B deductible.
-

Medicare Part B Covered Preventive Services

Mammogram Screening

What YOU pay in the Original Medicare Plan...

- 20% of the Medicare-approved amount with no Part B deductible.

Continued on page 68.

68 — Section 5: Original Medicare Plan (continued)

Medicare Part B Preventive Services Chart (continued)

Medicare Part B Covered Preventive Services

Pap Test and Pelvic Examination (includes a clinical breast exam)

What YOU pay in the Original Medicare Plan...

- Nothing for the Pap lab test. For Pap test collection, and pelvic and breast exams, 20% of the Medicare-approved amount (or a copayment amount) with no Part B deductible.
-

Medicare Part B Covered Preventive Services

Prostate Cancer Screening

What YOU pay in the Original Medicare Plan...

- Generally, 20% of the Medicare-approved amount for the digital rectal exam after the yearly Part B deductible. No coinsurance and no Part B deductible for the PSA (Prostate Specific Antigen) Test.

Continued on page 69.

- **End of Page**

69 __ Section 5: Original Medicare Plan (continued)

Medicare Part B Preventive Services Chart (continued)

Medicare Part B Covered Preventive Services

Shots (vaccinations)

What YOU pay in the Original Medicare Plan...

- Nothing for flu and pneumococcal pneumonia shots if the health care provider accepts assignment (see page 78). For Hepatitis B shots, 20% of the Medicare-approved amount (or a copayment amount) after the yearly Part B deductible.
- **End of Page**

70 __ Section 5: Original Medicare Plan (continued)

What is not paid for by Medicare Part A and Part B in the Original Medicare Plan?

The Original Medicare Plan does not cover everything. Health care costs not covered by Medicare will include, but are not limited to:

- Acupuncture.
- Deductibles, coinsurance, or copayments when you get health care services (see the “What YOU Pay” part of the charts on pages 60 - 69).
- Dental care and dentures (in most cases).
- Cosmetic surgery.
- Custodial care (help with bathing, dressing, using the bathroom, and eating) at home or in a nursing home.
- Health care you get while traveling outside of the United States (except in limited cases).
- Hearing aids and hearing exams.
- Orthopedic shoes.
- Outpatient prescription drugs (with only a few exceptions).
- Routine foot care (with only a few exceptions).
- Routine eye care and most eyeglasses (see page 29).
- Routine or yearly physical exams.
- Screening tests except those listed on pages 33 - 34.
- Shots (vaccinations) except those listed on page 34.

To help cover the costs the Original Medicare Plan does not cover, see page 59.

71 — Section 5: Original Medicare Plan (continued)

How are my bills paid in the Original Medicare Plan?

For Part A Services and some Part B Services:

The provider of the covered service sends a claim to your Fiscal Intermediary.

For Part B Services and Supplies:

The provider of the covered service or supply sends a claim to your Medicare Carrier, or your Durable Medical Equipment Regional Carrier.

You get a Medicare Summary Notice (MSN) or an Explanation of Medicare Benefits (EOMB). Soon, everyone will get MSNs as EOMBs are phased out. The MSN lists all the services or supplies that were billed to Medicare for that month. Check this notice to be sure you got all the services, medical supplies, or equipment that providers billed to Medicare.

- Questions about the charges? Call the provider of the service or supply.
- Disagree with what was paid? You can appeal (see page 35).
- Think the provider is being dishonest? Call the company that sent you the notice. Their phone number is on the notice.

72 __ Section 5: Original Medicare Plan (continued)

How are my bills paid in the Original Medicare Plan? (continued)

For Part B Services and Supplies: (continued)

Note: You should not need to file any Medicare claims. Providers and suppliers are required by law to file Medicare claims for the covered services and supplies you get. If your doctor or supplier does not file the Medicare claim in a timely manner, contact your Medicare Carrier.

Important: If you have questions about your bills, see pages 117 - 165 for important phone numbers.

How do I read the Medicare Summary Notice (MSN)?

Pages 73 - 74 have a sample MSN for Part B services, followed by information on how to read it. You could also get an MSN for Part A services and for durable medical equipment. Remember that the MSN is not a bill. DO NOT send money to Medicare or to the provider until you get a bill.

● End of Page

73 — Section 5: Original Medicare Plan (continued)

Medicare Summary Notice

June 16, 2002

BENEFICIARY NAME
STREET ADDRESS
CITY, STATE ZIP CODE

CUSTOMER SERVICE INFORMATION

3 Your Medicare Number: 111-11-1111A

If you have questions, write or call:

Medicare
555 Medicare Blvd.
Suite 200
Medicare Building
Medicare, US XXXXX-XXXX

Phone number: (XXX) XXX-XXXX
1-800-XXX-XXXX
TTY for Hearing Impaired: 1-800-XXX-XXXX

5

HELP STOP FRAUD: Protect your Medicare Number as you would a credit card number.

6

This is a summary of claims processed from 5/15/02 through 6/15/02.

PART B MEDICAL INSURANCE - ASSIGNED CLAIMS

Dates of Service	Services Provided	Amount Charged	Medicare Approved	Medicare Paid Provider	You May Be Billed	See Notes Section
Claim number 12345-84956-84556		8				14
Doctor name, Street Address, City, State ZIP Code	15	10 \$55.00	11 \$44.35	12 \$0.00	13 \$44.35	a b
03/07/02	1 Office/Outpatient Visit, ES (99214)					

7

9

THIS IS NOT A BILL - Keep this notice for your records.

See the next page for the rest of the Medicare Summary Notice.

See pages 75 - 77 for an explanation of the numbered items.

74 — Section 5: Original Medicare Plan (continued)

Medicare Summary Notice (continued)

Notes Section: (16)

- a This information is being sent to your private insurer(s). Send any questions regarding your benefits to them.
- b This approved amount has been applied toward your deductible.

Deductible Information: (17)

You have now met \$44.35 of your \$100 Part B deductible for 2002.

General Information: (18)

Please notify us if your address has changed or is incorrect as shown on this notice.

Appeals Information - Part B (19)

If you disagree with any claims decision on this notice, you can request an appeal by **December 16, 2002**.

Follow the instructions below:

- 1) Circle the item(s) you disagree with and explain why you disagree.
- 2) Send this notice, or a copy, to the address in the "Customer Service Information" box on Page 1.
- 3) Sign here _____ Phone Number (____) _____

See pages 75 - 77 for an explanation of the numbered items.

75 __ Section 5: Original Medicare Plan (continued)

Explanation of numbered items on Medicare Summary Notice (MSN)

1. The **Date** the MSN was sent.
2. The **Customer Service Information** box. Write or call using the information in this box if you have questions about your MSN. For all inquiries, include your Medicare number, the date of the notice, and the specific date of service you have questions about.
3. Your **Medicare Number**. It should match the number on your Medicare card.
4. Your **Name and Address**. If these are incorrect on your MSN, please contact both the company shown in the customer service information section and the Social Security Administration immediately.
5. Read the **Help Stop Fraud** message for information on ways to protect yourself and Medicare against fraud and abuse.
6. **Part B Medical Insurance - Assigned Claims/Unassigned Claims**. This line describes the category of services received. It tells you if it is a Medicare Part A or B service or durable medical equipment. See the back of your MSN for an explanation of Medicare assignment.
7. **Dates of Service**. This shows when your doctor or supplier provided the service(s) listed. You may use these dates to compare with the dates shown on your doctor or supplier bill.

Continued on page 76.

76 __ Section 5: Original Medicare Plan (continued)

Explanation of numbered items on Medicare Summary Notice (MSN) (continued)

8. Each claim is assigned a **Claim Number**, which you may be asked to provide when calling regarding your MSN.
9. **Services Provided** is a brief description of the service or supply, the number of services and the service code.
10. **Amount Charged** is the charge submitted to Medicare by the provider of service(s).
11. **Medicare Approved** is the amount Medicare approved for the service(s) you received.
12. **Medicare Paid Provider**. In most situations, Medicare pays 80 percent of the approved amount after subtracting any unmet portion of the yearly deductible. For unassigned service(s), this column is titled Medicare Paid You.
13. **You May Be Billed**. This is the total amount the provider is allowed to bill you. It combines the deductibles, the coinsurance and any non-covered charges. If you have supplemental insurance, it may pay all or part of this amount. There may be other laws in your state that limit doctors' charges.
14. **See Notes Section**. If a letter appears in this column, refer to the Notes Section. Please see item 16.

Continued on page 77.

77 — Section 5: Original Medicare Plan (continued)

Explanation of numbered items on Medicare Summary Notice (MSN) (continued)

15. **Provider's Name and Address.** More than one name may be shown. If you were treated by a clinic or group medical practice, the clinic or group name will be shown, followed by the name of the doctor who performed the service. If the service was ordered or referred by another doctor, the referring doctor's name may also be listed. The address shown is the billing address which may be different from where you received the service(s).
16. The **Notes Section** gives more detailed information about your claim.
17. The **Deductible Information** section shows how much of your yearly deductible has been met.
18. The **General Information** section provides important Medicare news and information.
19. **Appeals Information**, such as how and when to request an appeal, is shown here. See the back of your MSN for more information and how to get help with appeal requests.

● **End of Page**

78 __ Section 5: Original Medicare Plan (continued)

What is “assignment” in the Original Medicare Plan and why is it important?

Assignment is an agreement between Medicare, and doctors, other health care providers, and suppliers of health care equipment and supplies (like wheelchairs, oxygen, braces, and ostomy supplies). Doctors, providers, and suppliers who agree to accept assignment accept the Medicare-approved amount as payment in full for Part B services and supplies. You pay the coinsurance and deductible amounts. In some cases (such as if you have both Medicare and Medicaid), your health care providers and suppliers must accept assignment.

If assignment is not accepted, charges are often higher. This means you may pay more. In addition, you may have to pay the entire charge at the time of service. Medicare will then send you its share of the charge.

There is a limit on the amount your doctors and providers can bill you. The highest amount of money you can be charged for a covered service by doctors and other health care providers who don't accept assignment is called the limiting charge. The limit is 15% over Medicare's approved amount. The limiting charge only applies to certain services and does not apply to supplies or equipment.

For more information about assignment, get a free copy of *Does Your Doctor or Supplier Accept Assignment?* Look on page 20 for details about how to get this booklet.

Note: Look at www.medicare.gov on the Web to find doctors in your area who always accept assignment. Select “Participating Physician Directory.”

79 — Section 5: Original Medicare Plan (continued)

Common Questions and Answers

Q1: Does the Original Medicare Plan cover mental health care?

A1: Yes. If you are in the Original Medicare Plan, Part A covers inpatient mental health care, including room, meals, nursing, and other related services and supplies. Part B covers mental health services generally given outside a hospital, including visits with a doctor, clinical psychologist, clinical social worker, and lab tests. For certain outpatient mental health services, Medicare payment is reduced. For more information about Medicare coverage for mental health care, get a free copy of Medicare and Your Mental Health Benefits. Look on page 20 for details about how to get this booklet.

Q2: Does the Original Medicare Plan pay for care in a nursing home?

A2: Usually, no. Most nursing home care is custodial care (help with bathing, dressing, using the bathroom, and eating). This care is not covered by Medicare. Medicare Part A only covers skilled care given in a certified skilled nursing facility. You must meet certain conditions and coverage is limited. For more information about Medicare skilled nursing care, get a free copy of Medicare Coverage of Skilled Nursing Facility Care. Look on page 20 for details about how to get this booklet.

80 __ Section 5: Original Medicare Plan (continued)

Common Questions and Answers (continued)

Q3: Does the Original Medicare Plan cover me when I travel outside of the United States?

A3: The Original Medicare Plan does not cover health care when you travel outside the United States, except for some emergency situations in Mexico and Canada. Some Medigap policies do cover care outside the United States (see page 105). Check your insurance coverage before you travel outside the country.

Q4: Why are some of my bills for outpatient services higher than they were before July 2000?

A4: Medicare changed the way it pays for outpatient services in July 2000. Depending on which services you get and the hospital where you get these services, your out-of-pocket costs may be different than they were before, for the same service. For more information about this new payment system, get a free copy of Your Guide to the Outpatient Prospective Payment System. Look on page 20 for details about how to get this booklet.

● **End of Page**

81 __ Section 5: Original Medicare Plan (continued)

Common Questions and Answers (continued)

Q5: Why didn't Medicare pay for my bone mass measurement? I thought this service was covered.

A5: Medicare covers bone mass measurement for "certain people with Medicare who are at risk for losing bone mass."

These people are at risk of losing bone mass:

- A woman who is estrogen-deficient and at clinical risk for osteoporosis, based on her medical history and findings (as determined by the doctor or a qualified non-physician practitioner), or
- A person with vertebral abnormalities seen on x-ray and that shows osteoporosis, osteopenia (low bone mass), or vertebral fracture, or
- A person getting (or expecting to get) glucocorticoid (steroid) therapy that is equal to at least 7.5 mg of prednisone per day, for more than three months, or
- A person with primary hyperparathyroidism, or
- A person being monitored to see how well an FDA-approved osteoporosis drug therapy is working.

82 — Section 6: Medicare + Choice Plans

What is a Medicare + Choice plan?

Medicare + Choice plans provide care under contract to Medicare. They may provide benefits like coordination of care or reduce out-of-pocket expenses. Some plans may offer additional benefits.

Medicare + Choice plans currently include:

- Medicare managed care plans (like HMOs), and
- Medicare Private Fee-for-Service plans.

Medicare + Choice plans are available in many areas of the country. For information about the Medicare + Choice plans available in your area, look at www.medicare.gov on the Web, or call 1 800 633 - 4227.

Medicare pays a set amount of money for your care every month to these private health plans. In turn, the Medicare + Choice plan manages the Medicare coverage for its members. If Medicare + Choice plans are available in your area, you can join one and get your Medicare covered benefits. By joining a Medicare + Choice plan, you can often get extra benefits, like prescription drugs. The Medicare + Choice plan may have additional rules that you need to follow. You may also have to pay a monthly premium for the extra benefits.

Remember, terms underlined are defined on pages 5 - 11.

83 — Section 6: Medicare + Choice Plans (continued)

What is a Medicare + Choice plan? (continued)

If you join a Medicare + Choice plan:

- You are still in the Medicare program.
- You must have Medicare Part A **and** Part B, and continue to pay the monthly Medicare Part B premium (\$50 in 2001). If you are already in a Medicare managed care plan and have only Part B, you may stay in your plan.
- You still get all your regular Medicare-covered services (see pages 28 - 34). You may be able to get extra benefits like prescription drugs or additional days in the hospital.
- You have Medicare rights to protect you (see page 35).
- **End of Page**

84 __ Section 6: Medicare + Choice Plans (continued)

How does a Medicare managed care plan work?

- In most managed care plans, you can only go to certain doctors and hospitals that agree to treat members of the plan. Call the plan you are interested in to see which doctors are in the plan.
- Doctors can join or leave managed care plans at any time. If your doctor leaves your plan, ask your plan for the names of other plan doctors in your area.
- Generally, you need a referral to see a specialist (like a cardiologist), which means your primary care doctor tells you and the specialist it is OK for you to go.
- You may pay more if you get health care outside the service area of the plan, unless you have an emergency or need urgent care (see Q7 and Q8 on pages 96 - 97). The service area is where the plan accepts members and where you get services from the plan.
- Each year, the companies offering Medicare + Choice plans can decide to join, stay with, or leave Medicare.
- Some managed care plans offer a Point-of-Service option. This allows you to go to other doctors and hospitals who are not a part of the plan. Most of the time this costs you more, but this option gives you more choices.
- Exceptions to these rules might apply in emergencies or certain cases when care is urgently needed (see Q7 and Q8 on pages 96 - 97).

85 — Section 6: Medicare + Choice Plans (continued)

How does a Private Fee-for-Service Plan work?

- The private company, rather than the Medicare program, decides how much it pays, and how much you pay, for the services you get.
 - You can go to any doctor or hospital that accepts the terms of the plan's payment.
 - The private company provides health care coverage to people with Medicare who join this plan. The private company pays a fee for each doctor visit or service you get, and you may also pay a fee.
 - The private company may have a "pre-notification" requirement. For example, it may require that you tell the plan of any planned inpatient hospital stays.
 - You may pay more if the plan lets doctors, hospitals, and other providers bill you more than the plan pays for services. If this is allowed, there may be a limit to what they can charge, and you must pay the difference.
- **End of Page**

86 __ Section 6: Medicare + Choice Plans (continued)

Your costs in a Medicare + Choice plan

What you pay out-of-pocket depends on:

- Whether the plan charges a monthly premium in addition to your monthly Part B premium of \$50 in 2001.
- How much you pay for each visit or service (“copayments”).
- The type of health care you need and how often you get it.
- The types of extra benefits you use, and whether the plan covers them.
- **End of Page**

87 __ Section 6: Medicare + Choice Plans (continued)

Joining a Medicare + Choice plan

Who can join a Medicare + Choice plan?

If you have Medicare, you can join a Medicare + Choice plan if:

- You have both Medicare Part A (Hospital Insurance) and Medicare Part B (Medical Insurance).
- You live in the service area of the plan. The service area is where you must live for the plan to accept you as its member. In the case of a Medicare managed care plan, it's also where you get services from the plan. The plan can give you more information about its service areas.
- You do not have End-Stage Renal Disease (permanent kidney failure requiring dialysis or a kidney transplant).

Note: If you are already in a Medicare managed care plan and have only Part B, you may stay in your plan.

- **End of Page**

88 __ Section 6: Medicare + Choice Plans (continued)

Joining a Medicare + Choice plan (continued)

Special Rules for People with End-Stage Renal Disease:

If you have End-Stage Renal Disease (ESRD), you usually cannot join a Medicare + Choice plan. However, if you are already in a plan, you can stay in the plan you are in or join another plan offered by the same company in the same state. If you've had a successful kidney transplant, you may be able to join a plan.

Call 1 800 633 - 4227 for more information about End-Stage Renal Disease and Medicare + Choice plans.

If you have ESRD and are in a Medicare + Choice plan, and the plan leaves Medicare or no longer provides coverage in your area, you can join another Medicare + Choice plan if one is available in your area. This is true for people whose plans left Medicare or stopped providing coverage in their area on or after December 31, 1998.

● End of Page

89 __ Section 6: Medicare + Choice Plans (continued)

Joining a Medicare + Choice plan (continued)

When can I join one of these plans?

There are three main times when you can join. They are:

1. When you first become eligible for Medicare.
2. November. Medicare + Choice plans must accept new members from November 1 through November 30 of each year. In 2001, Medicare + Choice plans must also accept new members in December. In most cases, if you join a Medicare health plan in November (or December 2001), your coverage begins on January 1 of the next year.
3. January 1 through June 30, 2002 (if a plan is accepting new members).

Note: Some Medicare + Choice plans limit the number of members in their plans. These plans may not accept new members all of the time. A plan can tell you if it is signing up new members.

● End of Page

90 __ Section 6: Medicare + Choice Plans (continued)

Joining a Medicare + Choice plan (continued)

How do I join a Medicare + Choice plan?

1. Call the plan and ask for an enrollment form. Fill out the form and mail it to the plan, or
2. Get an enrollment form from a plan representative. Fill out the form and mail it to the plan, or give it to the plan representative.

You will get a letter from the plan telling you when your coverage begins.

Caution: You can't join more than one Medicare health plan at the same time. If you try to join more than one Medicare health plan with the same starting dates, you may end up enrolled in the plan you didn't want to be in.

Can I keep my Medigap (Medicare Supplement Insurance) policy if I join a Medicare + Choice plan?

Yes, you can keep it. However, it may cost you a lot and you may get little benefit from it while you are in a Medicare + Choice plan.

Continued on page 91.

91 — Section 6: Medicare + Choice Plans (continued)

Joining a Medicare + Choice plan (continued)

Can I keep my Medigap (Medicare Supplement Insurance) policy if I join a Medicare + Choice plan? (continued)

If you drop your Medigap policy, you may not be able to get it back, except in certain situations. If you join a Medicare + Choice plan when you first become eligible for Medicare at age 65, or if this is the first time you've enrolled in a Medicare + Choice plan, you may have special Medigap protections that give you another chance to buy a Medigap policy. For more information on Medigap policies and protections, get a free copy of the Guide to Health Insurance For People with Medicare: Choosing a Medigap Policy. Look on page 20 for details about how to get this booklet.

How can I tell if I am in a Medicare + Choice plan?

If you joined a Medicare + Choice plan, you should have a membership card with the name of the plan on it. If you are not sure if you are in a Medicare + Choice plan, you can call the number listed on your membership card. You can also call the Social Security Administration at 1 800 772 - 1213. If you get benefits from the Railroad Retirement Board, call your local RRB office or 1 800 808 - 0772. Ask the customer service representative to check if you are in a Medicare + Choice plan.

92 __ Section 6: Medicare + Choice Plans (continued)

Leaving a Medicare + Choice plan

When can I leave a Medicare + Choice plan?

Starting January 1, 2002, you can leave a Medicare + Choice plan and join another plan only one time from January 1 through June 30, 2002. After you have made one change (including changing to the Original Medicare Plan), you must stay in that plan for the rest of the year.

Example: Mrs. Smith belongs to the Alpha managed care plan. She leaves the Alpha managed care plan in May 2002 to join the Beta managed care plan. She now must stay with the Beta plan for the rest of the year.

For more information on leaving a Medicare + Choice plan, get a free copy of New Rules for Switching Medicare Health Plans. Look on page 20 for details about how to get this booklet.

How do I leave a Medicare + Choice plan?

Write to the plan or to the Social Security Administration, or call 1 800 633 - 4227. Tell them you want to leave the plan. The plan should send you a letter with the date your plan coverage ends. If you don't get a letter, call the plan and ask for the date. When you leave a plan, you are automatically returned to the Original Medicare Plan, unless you join another Medicare + Choice plan. If you join another Medicare + Choice plan, you should get a letter telling you when your coverage starts. You will be disenrolled from your old plan automatically.

93 __ Section 6: Medicare + Choice Plans (continued)

Leaving a Medicare + Choice plan (continued)

What if I move out of the plan's service area?

You will need to call the health plan to see if you can stay in the plan if you move out of the plan's service area. If you must leave the plan, you must disenroll. If there are no Medicare + Choice plans available in your new location, you will be covered by the Original Medicare Plan. You can choose to join another Medicare + Choice plan, if one is available in your new area and they are accepting new members. Or, you can choose the Original Medicare Plan.

For more information about Medicare + Choice plans:

Look at www.medicare.gov on the Web. Select "Medicare Health Plan Compare" or "Publications" to look at or print plan information or booklets.

Or, call 1 800 633 - 4227 (TTY/TDD: 1 877 486 - 2048 for the hearing and speech impaired). You can get:

- A free copy of detailed health plan information for Medicare health plans in your ZIP code. This information includes health plan names, contact phone numbers, costs, extra benefits, quality ratings, and disenrollment information to help you compare health plans.
- A free copy of Your Guide to Private Fee-for-Service Plans (CMS Pub. No. 10144).

94 — Section 6: Medicare + Choice Plans (continued)

Common Questions and Answers

Q1: How do I find out if my doctor or hospital belongs to a plan?

A1: If you want to keep seeing your doctor when you join a Medicare + Choice plan, call and ask if he or she is in the Medicare + Choice plan and would continue to see you if you joined the plan. You can also get a list from your plan of doctors and hospitals that belong to the plan.

Q2: Can I join a Medicare + Choice plan if I have employer or union coverage?

A2: If you join a Medicare + Choice plan and also have employer or union coverage, you may, in some cases, still be able to use this coverage along with your Medicare health plan coverage. Talk to your employer's or union's benefits administrator about the rules that apply. Remember, if you drop your employer or union coverage, you may not be able to get it back.

Q3: Do Medicare + Choice plans cover me when I travel outside the United States?

A3: Some Medicare + Choice plans cover you when you travel outside of the United States. Check with your plan before you leave the country.

95 __ Section 6: Medicare + Choice Plans (continued)

Common Questions and Answers (continued)

Q4: Is mental health care covered in a Medicare + Choice plan?

A4: If you are in a Medicare + Choice plan, read your plan materials or call the plan to learn about its coverage of mental health care. You must get at least the same coverage as provided by Medicare Part A and Medicare Part B of the Original Medicare Plan.

Q5: Who decides where Medicare + Choice plans will be available?

A5: Medicare + Choice plans are offered by private companies. A company can decide that a plan will be available to everyone with Medicare in a state, or be open only in certain counties. A company may also choose to offer more than one plan in an area, with different benefits and costs. Each year, companies offering Medicare + Choice plans can decide to stay in or leave Medicare.

Companies may decide to offer plans in your area in the future. For the most up-to-date information about Medicare + Choice plans in your area, look at www.medicare.gov on the Web. Select "Medicare Health Plan Compare." Or, call 1 800 633 - 4227 (TTY/TDD: 1 877 486 - 2048 for the hearing and speech impaired).

96 __ Section 6: Medicare + Choice Plans (continued)

Common Questions and Answers (continued)

Q6: How long do Medicare + Choice plans contract with Medicare?

A6: When a Medicare + Choice plan decides to contract with (join or stay in Medicare), it agrees to stay for the entire year, January 1 through December 31. Private companies offer Medicare + Choice plans. Each year, they make a business decision to stay in or leave the Medicare program. Costs and extra benefits can also change each year.

Q7: What is a “medical emergency”? and How do I get emergency care in a Medicare + Choice plan?

A7: A medical emergency is when you believe that your health is in serious danger — when every second counts. You may have a bad injury, sudden illness, or an illness quickly getting much worse.

All Medicare + Choice plans must allow you to get emergency care whenever you need it from any provider in the United States. You do not need to get permission from a primary care doctor first. Your plan must pay for emergency care (you may have to pay a copayment). If you get a bill, give it to the plan to pay. If your plan does not pay for your emergency care, you have the right to appeal (see Q9 on page 98).

97 __ Section 6: Medicare + Choice Plans (continued)

Common Questions and Answers (continued)

Q8: What is “urgently needed care”? and How do I get urgent care in a Medicare + Choice plan?

A8: Urgently needed care is care you need for a sudden illness or injury that is not a medical emergency.

In a Medicare managed care plan, you get urgently needed care from your primary care doctor. However, if you are in the United States, but out of the plan’s service area and cannot wait until you return home, your plan must pay for urgently needed care (you will have to pay a copayment). If it does not, you have the right to appeal (see Q9 on page 98).

In a Private Fee-for-Service plan, you can get urgently needed care from any doctor who accepts the terms of the plan’s payment.

● **End of Page**

98 __ Section 6: Medicare + Choice Plans (continued)

Common Questions and Answers (continued)

Q9: Can I appeal my Medicare + Choice plan's payment decisions?

A9: Yes. You have the right to a fair, efficient, and timely process for resolving issues related to your health plan's payment of a service or product. This process is called an appeal.

Your plan must tell you in writing how to appeal a plan decision. You have the right to file an appeal if your plan will not pay for, does not allow, or stops a service that you think should be covered or provided. After you file an appeal, the plan will review its decision. If waiting for a decision will harm your health, the plan must answer you within 72 hours. If your plan does not decide in your favor, it will send your appeal to an independent review organization. See your plan's membership materials for details about your appeal rights. You have a right to ask your plan for a copy of your file. It contains your medical and other information about your appeal.

● **End of Page**

99 __ Section 6: Medicare + Choice Plans (continued)

Common Questions and Answers (continued)

Q10: What can I do if my Medicare + Choice plan doesn't stay in the Medicare program?

A10: If your Medicare + Choice plan leaves the Medicare program, you will be sent a notification letter. The letter will tell you if there are other Medicare + Choice plans in your area that you can join. You can always choose the Original Medicare Plan. You will be automatically returned to the Original Medicare Plan if you don't choose another Medicare + Choice plan. You may be able to buy a Medigap policy (see page 105). You should learn as much as you can about your choices before making a decision. No matter what you choose, you are still in the Medicare program and will get all Medicare-covered services.

● End of Page

100 — Section 7: Other Insurance and Ways to Pay Health Care Costs

Do you know what health care insurance you have and what it helps pay for? Now is a good time to review your coverage. Medicare may not be the only health care coverage you have or can get. You might be able to get more health care coverage, help to lower your out-of-pocket costs, or more benefits than you get with Medicare alone.

Whether or not you can get employer, union, military, or other health care coverage, you should learn about all of the different kinds of health care coverage. What coverage you have will affect how much you pay, what benefits you may have, which doctors you can see, and other things that may be important to you.

For more information about how these kinds of insurance work with Medicare, get a free copy of Medicare and Other Health Benefits: Your Guide to Who Pays First. Look on page 20 for details about how to get this booklet.

● **End of Page**

101 — Section 7: Other Insurance and Ways to Pay Health Care Costs (continued)

Employer or Union Health Coverage

Call the benefits administrator at your or your spouse's current or former employer or union. Ask if you have or can get health care coverage based on your or your spouse's past or current employment.

When you have retiree coverage from an employer or union, they manage this coverage. They may change the benefits or premiums, and may also cancel the coverage if they choose.

Caution: If you drop your employer or union group health coverage, you may not be able to get it back. For more information, call your employer's or union's benefits administrator.

Veterans' Benefits

If you are a Veteran, call the U.S. Department of Veterans Affairs at 1 800 827 - 1000 for information about Veterans' benefits and services available in your area.

● End of Page

102 — Section 7: Other Insurance and Ways to Pay Health Care Costs (continued)

Military Retiree Benefits

TRICARE for Life (TFL) starts October 1, 2001. It provides expanded medical coverage for: Medicare-eligible retirees, including retired guard members and reservists; Medicare-eligible family members and widow/widowers; and certain former spouses if they were eligible for TRICARE before age 65. You must have Medicare Part B to be eligible for TFL.

If eligible, you get all Medicare-covered benefits under the Original Medicare Plan, plus all TFL-covered benefits. If you use a Medicare provider, Medicare will be the first payer for all Medicare-covered services, and TFL will be the second payer. TFL will pay all Medicare copayments and deductibles and cover most of the costs of certain care not covered by Medicare.

For more information on TFL, call 1 888 363 - 5433 or look at www.TRICARE.osd.mil on the Web. Call 1 800 538 - 9552 for other military retiree benefit questions.

● **End of Page**

103 __ Section 7: Other Insurance and Ways to Pay Health Care Costs (continued)

Medicare Savings Programs (Help From Your State)

There are programs that help millions of people with Medicare save money each year. States have programs for people with limited income and resources that pay some or all of Medicare's premiums. Some programs may also pay Medicare deductibles and coinsurance.

You can apply for these programs if:

- You have Medicare Part A. (If you have Medicare Part A but don't think you can afford it, there is a program that may pay the Medicare Part A premium for you.)

and

- You are an individual with resources of \$4,000 or less, or are a couple with resources of \$6,000 or less. Resources include things like money in a checking or savings account, stocks, or bonds, and
- You are an individual with a monthly income of less than \$1,273*, or are a couple with a monthly income of less than \$1,714*.

Call your state medical assistance office (see pages 158 - 162) and ask for information on Medicare Savings Programs. It's very important to call if you think you qualify for any of these Medicare Savings Programs, even if you aren't sure.

*Income limits will change slightly in 2002. If you live in Alaska or Hawaii, income limits are slightly higher.

104 __ Section 7: Other Insurance and Ways to Pay Health Care Costs (continued)

Medicaid

If your income and assets are even more limited than those described above, you may qualify for Medicaid. Most of your health care costs are covered if you have Medicare and you qualify for Medicaid. Medicaid is a joint federal and state program that helps pay medical costs for some people with limited incomes and resources. Medicaid programs vary from state to state. People with Medicaid may get coverage for nursing home care and outpatient prescription drugs that are not covered by Medicare. For more information about Medicaid, call your state medical assistance office (see pages 158 - 162).

Prescription Drug Assistance Programs

There are programs that may offer you discounts or free medication. For more information, look at www.medicare.gov on the Web. Select "Prescription Drug Assistance Programs." If you don't have a computer, your local senior center or library may be able to help you get this information. Or, call 1 800 633 - 4227 and ask for information about these programs.

● End of Page

105 __ Section 7: Other Insurance and Ways to Pay Health Care Costs (continued)

Medigap (Medicare Supplement Insurance) Policies

A Medigap policy is a health insurance policy sold by private insurance companies to fill gaps in Original Medicare Plan coverage. Medigap policies must follow federal and state laws. These laws protect you. The front of the Medigap policy must clearly identify it as “Medicare Supplement Insurance.”

In all states, except Massachusetts, Minnesota, and Wisconsin, a Medigap policy must be one of ten standardized policies so you can compare them easily. Each policy has a different set of benefits. Two of the standardized policies may have a high deductible option. In addition, any standardized policy may be sold as a “Medicare SELECT” policy. Medicare SELECT policies usually cost less because you must use specific hospitals and, in some cases, doctors to get insurance benefits from the policy. In an emergency, you may use any doctor or hospital.

For more information about Medigap policies, costs and choices, call 1 800 633 - 4227 and speak with a customer service representative.

● **End of Page**

106 — Section 7: Other Insurance and Ways to Pay Health Care Costs (continued)

Medigap (Medicare Supplement Insurance) Policies (continued)

Do I need to buy a Medigap policy?

Medigap policies help pay health care costs only if you have the Original Medicare Plan. Whether you need a Medigap policy is a decision that only you can make. Depending on your health care needs and finances, you may want to continue your employee or retiree coverage, or join a Medicare + Choice plan.

You do not need to buy a Medigap policy if you are in a Medicare + Choice plan. In fact, it may be illegal for anyone to sell you a Medigap policy if they know you are in one of these health plans. If you have Medicaid, it is generally illegal for an insurance company to sell you a Medigap policy.

When is the best time to buy a Medigap policy?

The best time to buy a Medigap policy is during your Medigap open enrollment period. It starts on the first day of the month in which you are both age 65 or older and are enrolled in Medicare Part B. Your Medigap open enrollment period lasts for 6 months. Once the 6-month Medigap open enrollment period starts, it cannot be changed.

Continued on page 107.

107 __ Section 7: Other Insurance and Ways to Pay Health Care Costs (continued)

Medigap (Medicare Supplement Insurance) Policies (continued)

When is the best time to buy a Medigap policy? (continued)

During this period, an insurance company cannot deny you insurance coverage, place conditions on a policy (like making you wait for coverage to start), or change the price of a policy because of your past or present health problems. They must also shorten the waiting period for pre-existing conditions by the amount of previous health coverage you have.

Important: If you don't buy a Medigap policy during your open enrollment period, you may not be able to buy the one you want, or you may be charged more for the policy. In addition, if you drop your Medigap policy, you may not be able to get it back.

Note: If you are age 65 or older and have health coverage through an employer or union based on your or your spouse's current or active employment, you may want to wait to enroll in Medicare Part B and delay your Medigap open enrollment period.

For information about buying a Medigap policy, get a free copy of the Guide to Health Insurance for People with Medicare: Choosing a Medigap Policy. Look on page 20 for details about how to get this booklet.

108 — Section 7: Other Insurance and Ways to Pay Health Care Costs (continued)

Long-Term Care Insurance

Long-term care insurance is sold by private insurance companies and usually covers medical care and non-medical care to help you with your personal care needs, such as bathing, dressing, using the bathroom, and eating. Generally, Medicare does not pay for long-term care.

For more information about long-term care insurance, get a copy of A Shopper's Guide to Long-Term Care Insurance from either your State Insurance Department (see pages 152 - 157) or the National Association of Insurance Commissioners, 2301 McGee Street, Suite 800, Kansas City, MO 64108 - 3600.

Insure Kids Now

Free or low-cost health insurance is available now in your state for uninsured children under age 19. Call 1 877 543 - 7669 toll-free for more information.

● **End of Page**

109 — Section 8: Information For Your Local Area

Local Medicare Health Plan Information

Starting October 1, 2001, comprehensive information about the Medicare health plans in your area is available through 1 800 633 - 4227. Customer service representatives are available 24 hours a day, including weekends, to help with general questions about Medicare, and about Medigap policies, Prescription Drug Assistance Programs and Medicare + Choice plan options in your area.

The customer service representative can mail you detailed information about the Medicare health plans in your area, including:

- Phone numbers, addresses and websites of each local plan
- Monthly premium charged
- Benefits and costs, including extra benefits like prescription drugs
- Plan quality and member satisfaction ratings
- Disenrollment information

- **End of Page**

110 — Section 8: Information For Your Local Area (continued)

Local Medicare Health Plan Information (continued)

The customer service representative can mail you detailed information about the Medicare health plans in your area, including: (continued)

The customer service representative can help you narrow down your Medicare health plan choices using a new “Medicare Personal Plan Finder.” This tool is designed to help you focus on the issues most important to you when making a decision about the health plan that is right for you. The customer service representative will mail your personalized results from this tool within three weeks of your call. See pages 51 - 54 for more information about the “Medicare Personal Plan Finder.” See pages 16 - 17 for complete information about 1 800 633 - 4227.

You can also look at www.medicare.gov on the Web to get all local plan information and use the “Medicare Personal Plan Finder.” See pages 18 - 19 for more details about what’s available on www.medicare.gov on the Web. These services provide more information than was included in previous versions of the Medicare & You handbook.

● **End of Page**

111 — Section 8: Information For Your Local Area (continued)

Where to Call for Help (Local Phone Numbers)

On pages 112 - 165, you will find phone numbers to call for help with your Medicare questions. These phone numbers were correct at the time of printing. Sometimes phone numbers change. You can find the most up-to-date phone numbers by looking at www.medicare.gov on the Web. Select "Helpful Contacts." Or, call 1 800 633 - 4227 (TTY/TDD: 1 877 486 - 2048 for the hearing and speech impaired).



Moving?

To change your address, call the Social Security Administration at 1 800 772 - 1213.

● End of Page

112 — Section 8: Information For Your Local Area (continued)

Where do I call for help with my Medicare questions?

If you have questions about:	Call:
Address changes (see page 116)	Social Security Administration
Appeals (how to file) (see pages 126 - 131)	State Health Insurance Assistance Program
Complaints (quality of care) (see pages 145 - 151)	Peer Review Organization
Death notification (see page 116)	Social Security Administration
Discrimination (see page 165)	Office for Civil Rights
Enrolling in Medicare (see page 116)	Social Security Administration
Fraud Part A (see pages 134 - 141) Part B (see pages 117 - 125)	Fiscal Intermediary Medicare Carrier
Help paying health care costs (see pages 158 - 162)	State Medical Assistance Office
Long-term care insurance (see pages 126 - 131)	State Health Insurance Assistance Program

113 — Section 8: Information For Your Local Area (continued)

Where do I call for help with my Medicare questions?

If you have questions about:	Call:
Medicare card (replacement) (see page 116)	Social Security Administration
Medicare health plan choices (see pages 126 - 131)	State Health Insurance Assistance Program
Medicare Part A bills and services (see pages 134 - 141)	Fiscal Intermediary
Medicare Part B bills and services (see pages 117 - 125)	Medicare Carrier
Medicare rights and protections (see pages 126 - 131)	State Health Insurance Assistance Program
Medigap policies (see pages 152 - 157)	State Insurance Department
Railroad Retirement benefits (see page 115)	Railroad Retirement Board
Social Security benefits (see page 116)	Social Security Administration

If you are in a Medicare+Choice plan, call your plan with questions about bills, health services, and appeals.

114 __ Section 8: Information For Your Local Area (continued)

Note: At the time of printing, phone numbers listed were correct. To get the most up-to-date phone numbers, look at www.medicare.gov on the Web and select "Helpful Contacts." Or, call 1 800 633 - 4227 (TTY/TDD: 1 877 486 - 2048 for the hearing and speech impaired).

1 800 633 - 4227 Helpline Call about: ● General Medicare information ● Information about Medicare health plans ● Ordering Medicare booklets ● TTY/TDD and local phone numbers ● Information on Medigap and Prescription Drug Assistance Programs	All States	1 800 633 - 4227 TTY/TDD: 1 877 486 - 2048
Coordination of Benefits Contractor Call about: ● General questions about Medicare Secondary Payer ● General questions about who pays first	All States	1 800 999 - 1118

Continued on page 115.

115 — Section 8: Information For Your Local Area (continued)

Department of Health and Human Services Office of the Inspector General Call about: ● Reporting fraud and abuse in any federal health care program	All States	1 800 447 - 8477 TTY/TDD: 1 800 377 - 4950
Railroad Retirement Board Call about: ● Signing up for Medicare Part A and Part B, lost RRB Medicare card, address change ● Part B bills and services (Palmetto GBA 1 800 833 - 4455) ● Part A bills and services (see Fiscal Intermediary on pages 134 - 141)	All States	(RRB Beneficiaries Only) 1 800 808 - 0772

Continued on page 116.

- **End of Page**

116 — Section 8: Information For Your Local Area (continued)

Social Security Administration Call about: ● Changing your address ● Lost Medicare card ● Enrolling in Medicare Part A and Part B ● Medicare premium problems	All States	1 800 772 - 1213 TTY/TDD: 1 800 325 - 0778
Department of Veterans Affairs Call about: ● Medical benefits	All States	1-800 827 - 1000

- End of Page

117 — Section 8: Information For Your Local Area (continued)

Telephone numbers for Medicare Carriers - States A through C

Medicare Carrier: Call about questions on Medicare Part B coverage, bills and medical services, or for information on how to recognize Medicare fraud and abuse. If you get benefits from the Railroad Retirement Board, see page 27.

A

Alabama

Blue Cross Blue Shield of Alabama,
1 800 292 - 8855
TTY/TDD: 1 800 548 - 2546

Alaska

Noridian Mutual Insurance Company,
1 800 444 - 4606
TTY/TDD: 1 888 552 - 9336

American Samoa

Noridian Mutual Insurance Company,
1 800 444 - 4606
TTY/TDD: 1 888 552 - 9336

A (continued)

Arizona

Noridian Mutual Insurance Company,
1 800 444 - 4606
TTY/TDD: 1 888 552 - 9336

Arkansas

Blue Cross Blue Shield of Arkansas,
1 800 482 - 5525
TTY/TDD: 1 888 476 - 3009

C

California

National Heritage Insurance Company,
1 800 952 - 8627
TTY/TDD: 1 530 634 - 7538
Note: (In Southern CA call 1 800 675 - 2266)

118 __ Section 8: Information For Your Local Area (continued)

Telephone numbers for Medicare Carriers (continued) - States C through G

Medicare Carrier: Call about questions on Medicare Part B coverage, bills and medical services, or for information on how to recognize Medicare fraud and abuse. If you get benefits from the Railroad Retirement Board, see page 27.

C (continued)

Colorado

Noridian Mutual Insurance
Company,
1 800 332 - 6681
TTY/TDD: 1 888 552 - 9336

F

Florida

First Coast Service
Options,
1 800 333 - 7586
TTY/TDD: 1 800 754 - 7820

Connecticut

First Coast Service
Options,
1 800 982 - 6819
TTY/TDD: 1 866 359 - 3614

G

Georgia

Cahaba Government
Benefit Administrators,
1 800 727 - 0827
TTY/TDD: 1 800 255 - 0056

D

Delaware

Trailblazer Health
Enterprises also includes
Northern VA (counties of
Arlington & Fairfax),
1 800 444 - 4606
TTY/TDD: 1 800 516 - 6684

Guam

Noridian Mutual Insurance
Company,
1 800 444 - 4606
TTY/TDD: 1 888 552 - 9336

119 — Section 8: Information For Your Local Area (continued)

Telephone numbers for Medicare Carriers (continued) - States H through L

Medicare Carrier: Call about questions on Medicare Part B coverage, bills and medical services, or for information on how to recognize Medicare fraud and abuse. If you get benefits from the Railroad Retirement Board, see page 27.

H

Hawaii

Noridian Mutual Insurance
Company,
1 800 444 - 4606
TTY/TDD: 1 888 552 - 9336

I (continued)

Iowa

Noridian Mutual Insurance
Company,
1 800 532 - 1285
TTY/TDD: 1 800 735 - 2943

I

Idaho

Cigna Medicare,
1 800 627 - 2782
TTY/TDD: 1 800 686 - 5485

K

Kansas

Blue Cross Blue Shield of
Kansas,
1 800 432 - 3531
TTY/TDD: 1 800 430 - 8757

Illinois

Wisconsin Physicians
Service,
1 800 642 - 6930
TTY/TDD: 1 800 535 - 6152

Kentucky

AdminaStar Federal,
1 800 999 - 7608
TTY/TDD: 1 317 841 - 4677

Indiana

AdminaStar Federal,
1 800 622 - 4792
TTY/TDD: 1 317 841 - 4677

L

Louisiana

Louisiana Medicare - Part B,
1 800 462 - 9666
TTY/TDD: 1 225 231 - 2292

120 __ Section 8: Information For Your Local Area (continued)

Telephone numbers for Medicare Carriers (continued) - State M

Medicare Carrier: Call about questions on Medicare Part B coverage, bills and medical services, or for information on how to recognize Medicare fraud and abuse. If you get benefits from the Railroad Retirement Board, see page 27.

M

Maine

National Heritage
Insurance Company,
1 800 492 - 0919
TTY/TDD: 1 800 668 - 1339

M (continued)

Michigan

Wisconsin Physicians
Service,
1 800 482 - 4045
TTY/TDD: 1 800 535 - 6152

Maryland

Trailblazer Health
Enterprises also includes
Northern VA (counties of
Arlington & Fairfax),
1 800 444 - 4606
TTY/TDD: 1 800 516 - 6684

Minnesota

Wisconsin Physician
Services,
1 800 352 - 2762
TTY/TDD: 1 800 828 - 2837

Massachusetts

National Heritage
Insurance Company,
1 800 882 - 1228
TTY/TDD: 1 800 559 - 0443

Mississippi

Cahaba Government
Benefits Administrators,
1 800 682 - 5417
TTY/TDD: 1 601 977 - 5820

121 — Section 8: Information For Your Local Area (continued)

Telephone numbers for Medicare Carriers (continued) - States M through N

Medicare Carrier: Call about questions on Medicare Part B coverage, bills and medical services, or for information on how to recognize Medicare fraud and abuse. If you get benefits from the Railroad Retirement Board, see page 27.

M (continued)

Missouri

Blue Cross Blue Shield of
Arkansas Eastern Missouri,
1 800 392 - 3070
TTY/TDD: 1 877 645 - 9577

Blue Cross Blue Shield of
Kansas Kansas City Area,
1 800 892 - 5900
TTY/TDD: 1 800 430 - 8757

Montana

Blue Cross Blue Shield of
Montana,
1 800 332 - 6146
TTY/TDD: 1 800 238 - 5086

N

Nebraska

Blue Cross Blue Shield of
Kansas,
1 800 633 - 1113
TTY/TDD: 1 800 430 - 8757

N (continued)

Nevada

Noridian Mutual Insurance
Company,
1 800 444 - 4606
TTY/TDD: 1 888 552 - 9336

New Hampshire

National Heritage
Insurance Company,
1 800 447 - 1142
TTY/TDD: 1 800 668 - 1339

New Jersey

Empire Medicare Services,
1 800 462 - 9306
TTY/TDD: 1 800 992 - 0165

122 __ Section 8: Information For Your Local Area (continued)

Telephone numbers for Medicare Carriers (continued) - State N

Medicare Carrier: Call about questions on Medicare Part B coverage, bills and medical services, or for information on how to recognize Medicare fraud and abuse. If you get benefits from the Railroad Retirement Board, see page 27.

N (continued)

New Mexico

Blue Cross Blue Shield of
Arkansas,
1 800 423 - 2925
TTY/TDD: 1 800 822 - 9472

N (continued)

North Carolina

Cigna Medicare,
1 800 672 - 3071
TTY/TDD: 1 800 686 - 5517

New York

HealthNow of Western
New York Services
upstate NY,
1 800 252 - 6550
TTY/TDD: 1 607 766 - 6260

Empire Medicare Services
Services downstate NY,
1 800 442 - 8430
TTY/TDD: 1 877 623 - 6190

Group Health Inc. (GHI
Medicare) Queens county
only,
1 800 632 - 5572
TTY/TDD: 1 646 458 - 6794

North Dakota

Noridian Mutual Insurance
Company,
1 800 247 - 2267
TTY/TDD: 1 888 552 - 9336

Northern Mariana Islands

Noridian Mutual Insurance
Company,
1 800 444 - 4606
TTY/TDD: 1 888 552 - 9336

123 — Section 8: Information For Your Local Area (continued)

Telephone numbers for Medicare Carriers (continued) - States O through R

Medicare Carrier: Call about questions on Medicare Part B coverage, bills and medical services, or for information on how to recognize Medicare fraud and abuse. If you get benefits from the Railroad Retirement Board, see page 27.

O

Ohio

Nationwide Mutual
Insurance Company,
1 800 282 - 0530
TTY/TDD: 1 800 542 - 5250

P

Pennsylvania

HGS Administrators,
1 800 382 - 1274
TTY/TDD: 1 800 242 - 8471

Oklahoma

Blue Cross Blue Shield of
Arkansas,
1 800 522 - 9079
TTY/TDD: 1 800 822 - 9472

Puerto Rico

Triple S, Inc.,
1 800 981 - 7015 in-state
calls only
TTY/TDD: 1 787 782 - 5430

Oregon

Noridian Mutual Insurance
Company,
1 800 444 - 4606
TTY/TDD: 1 888 552 - 9336

R

Rhode Island

Blue Cross Blue Shield Of
Rhode Island,
1 800 662 - 5170
TTY/TDD: 1 888 239 - 3356

124 __ Section 8: Information For Your Local Area (continued)

Telephone numbers for Medicare Carriers (continued) - States S through V

Medicare Carrier: Call about questions on Medicare Part B coverage, bills and medical services, or for information on how to recognize Medicare fraud and abuse. If you get benefits from the Railroad Retirement Board, see page 27.

S

South Carolina

Palmetto Government
Benefits Administrator,
1 800 583 - 2236
TTY/TDD: 1 877 566 - 3572

U

Utah

Regence Blue Cross Blue
Shield of Utah,
1 800 426 - 3477
TTY/TDD: 1 800 346 - 4128

South Dakota

Noridian Mutual Insurance
Company,
1 800 437 - 4762
TTY/TDD: 1 888 552 - 9336

V

Vermont

National Heritage
Insurance Company,
1 800 447 - 1142
TTY/TDD: 1 800 668 - 1339

T

Tennessee

Cigna Medicare,
1 800 342 - 8900
TTY/TDD: 1 800 686 - 5485

Virgin Islands

Triple S, Inc.,
1 800 474 - 7448 in-state
calls only

Texas

Trailblazer Health
Enterprises,
1 800 442 - 2620
TTY/TDD: 1 800 516 - 6684

Virginia

Trailblazer Health
Enterprises (Rest of State),
1 800 552 - 3423
TTY/TDD: 1 800 618 - 4666

125 __ Section 8: Information For Your Local Area (continued)

Telephone numbers for Medicare Carriers (continued) - State W

Medicare Carrier: Call about questions on Medicare Part B coverage, bills and medical services, or for information on how to recognize Medicare fraud and abuse. If you get benefits from the Railroad Retirement Board, see page 27.

W

Washington

Noridian Mutual Insurance Company,
1 800 444 - 4606
TTY/TDD: 1 888 552 - 9336

Washington D.C.

Trailblazer Health Enterprises also includes Northern VA (counties of Arlington & Fairfax),
1 800 444 - 4606
TTY/TDD: 1 800 516 - 6684

West Virginia

Nationwide Mutual Insurance Company,
1 800 848 - 0106
TTY/TDD: 1 800 542 - 5250

W (continued)

Wisconsin

Wisconsin Physicians Service,
1 800 944 - 0051
TTY/TDD: 1 800 828 - 2837

Wyoming

Noridian Mutual Insurance Company,
1 800 442 - 2371
TTY/TDD: 1 888 552 - 9336

126 — Section 8: Information For Your Local Area (continued)

Telephone numbers for State Health Insurance Assistance Programs - States A through F

State Health Insurance Assistance Program: Call for help with buying a Medigap policy or long-term care insurance, dealing with payment denials or appeals, Medicare rights and protections, help with complaints about your care or treatment, help choosing a Medicare health plan, or Medicare bills.

A Alabama 1 800 243 - 5463	C California 1 800 434 - 0222
Alaska 1 800 478 - 6065 in-state calls only	Colorado 1 888 696 - 7213
American Samoa 1 888 875 - 9229	Connecticut 1 800 994 - 9422 in-state calls only
Arizona 1 800 432 - 4040	D Delaware 1 800 336 - 9500 in-state calls only
Arkansas 1 800 224 - 6330	F Florida 1 800 963 - 5337

127 — Section 8: Information For Your Local Area (continued)

Telephone numbers for State Health Insurance Assistance Programs (continued) - States G through L

State Health Insurance Assistance Program: Call for help with buying a Medigap policy or long-term care insurance, dealing with payment denials or appeals, Medicare rights and protections, help with complaints about your care or treatment, help choosing a Medicare health plan, or Medicare bills.

G Georgia 1 800 669 - 8387	I (continued) Indiana 1 800 452 - 4800 in-state calls only
Guam 1 888 875 - 9229	Iowa 1 800 351 - 4664
H Hawaii 1 888 875 - 9229	K Kansas 1 800 860 - 5260 in-state calls only
I Idaho 1 800 247 - 4422 in-state calls only	Kentucky 1 877 293 - 7447 in-state calls only
Illinois 1 800 548 - 9034 in-state calls only	L Louisiana 1 800 259 - 5301 in-state calls only

128 __ Section 8: Information For Your Local Area (continued)

Telephone numbers for State Health Insurance Assistance Programs (continued) - States M through N

State Health Insurance Assistance Program: Call for help with buying a Medigap policy or long-term care insurance, dealing with payment denials or appeals, Medicare rights and protections, help with complaints about your care or treatment, help choosing a Medicare health plan, or Medicare bills.

M Maine 1 800 750 - 5353 in-state calls only	M (continued) Mississippi 1 800 948.- 3090
Maryland 1 800 243 - 3425 in-state calls only	Missouri 1 800 390 - 3330
Massachusetts 1 800 882 - 2003 in-state calls only	Montana 1 800 332 - 2272 in-state calls only
Michigan 1 800 803 - 7174	N Nebraska 1 800 234 - 7119
Minnesota 1 800 333 - 2433	Nevada 1 800 307 - 4444

129 — Section 8: Information For Your Local Area (continued)

Telephone numbers for State Health Insurance Assistance Programs (continued) - States N through O

State Health Insurance Assistance Program: Call for help with buying a Medigap policy or long-term care insurance, dealing with payment denials or appeals, Medicare rights and protections, help with complaints about your care or treatment, help choosing a Medicare health plan, or Medicare bills.

N (continued) New Hampshire 1 800 852 - 3388 in-state calls only	N (continued) North Dakota 1 800 247 - 0560
New Jersey 1 800 792 - 8820 in-state calls only	Northern Mariana Islands 1 888 875 - 9229
New Mexico 1 800 432 - 2080 in-state calls only	O Ohio 1 800 686 - 1578
New York 1 800 333 - 4114	Oklahoma 1 800 763 - 2828 in-state calls only
North Carolina 1 800 443 - 9354 in-state calls only	Oregon 1 800 722 - 4134 in-state calls only

130 __ Section 8: Information For Your Local Area (continued)

Telephone numbers for State Health Insurance Assistance Programs (continued) - States P through V

State Health Insurance Assistance Program: Call for help with buying a Medigap policy or long-term care insurance, dealing with payment denials or appeals, Medicare rights and protections, help with complaints about your care or treatment, help choosing a Medicare health plan, or Medicare bills.

P Pennsylvania 1 800 783 - 7067	T Tennessee 1 800 525.- 2816
Puerto Rico 1 877 725 - 4300 in-state calls only	Texas 1 800 252 - 9240
R Rhode Island 1 401 222 - 2880	U Utah 1 800 541 - 7735 in-state calls only
S South Carolina 1 800 868 - 9095 in-state calls only	V Vermont 1 800 642 - 5119 in-state calls only
South Dakota 1 800 822 - 8804 in-state calls only	Virgin Islands 1 340 772 - 7368

131 — Section 8: Information For Your Local Area (continued)

Telephone numbers for State Health Insurance Assistance Programs (continued) - States V through W

State Health Insurance Assistance Program: Call for help with buying a Medigap policy or long-term care insurance, dealing with payment denials or appeals, Medicare rights and protections, help with complaints about your care or treatment, help choosing a Medicare health plan, or Medicare bills.

V (continued)

Virginia

1 800 552 - 3402

W

Washington

1 800 397 - 4422

Washington D.C.

1 202 739 - 0668

West Virginia

1 877 987 - 4463

Wisconsin

1 800 242 - 1060

Wyoming

1 800 856 - 4398

132 — Section 8: Information For Your Local Area (continued)

Telephone numbers for Durable Medical Equipment Regional Carriers

Durable Medical Equipment Regional Carrier

(DMERC): Call about bills for durable medical equipment and a list of approved suppliers of this equipment.

If you live in:

Illinois, Indiana, Maryland, Michigan, Minnesota, Ohio, Virginia, Washington D.C., West Virginia, or Wisconsin

Your DMERC is:

Administar Federal,
1 800 270 - 2313 (TTY/TDD: 1 317 841 - 4677)

If you live in:

Alaska, American Samoa, Arizona, California, Guam, Hawaii, Idaho, Iowa, Kansas, Missouri, Montana, Nebraska, Nevada, North Dakota, Northern Mariana Islands, Oregon, South Dakota, Utah, Washington, or Wyoming

Your DMERC is:

Cigna Medicare,
1 800 899 - 7095 (TTY/TDD: 1 800 970 - 7494)

133 — Section 8: Information For Your Local Area (continued)

Telephone numbers for Durable Medical Equipment Regional Carriers (continued)

Durable Medical Equipment Regional Carrier

(DMERC): Call about bills for durable medical equipment and a list of approved suppliers of this equipment.

If you live in:

Connecticut, Delaware, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, or Vermont

Your DMERC is:

Health Now of New York, Inc., Region A,
1 800 842 - 2052 (TTY/TDD: 1 800 842 - 9519)

If you live in:

Alabama, Arkansas, Colorado, Florida, Georgia, Kentucky, Louisiana, Mississippi, New Mexico, North Carolina, Oklahoma, Puerto Rico, South Carolina, Tennessee, Texas, or Virgin Islands

Your DMERC is:

Palmetto Government Benefits Administration,
1 800 583 - 2236 (TTY/TDD: 1 800 788 - 5414)

134 — Section 8: Information For Your Local Area (continued)

Telephone numbers for Fiscal Intermediaries - States A through C

Fiscal Intermediary: Call about Part A bills and services, hospital care, skilled nursing care, and fraud and abuse. Calls may be referred to another company that covers your claims.

A Alabama Blue Cross Blue Shield of Alabama, 1 800 292 - 8855 TTY/TDD: 1 800 548 - 2547	A (continued) Arkansas Blue Cross Blue Shield of Arkansas, 1 877 356 - 2368 TTY/TDD: 1 888 476 - 3009
Alaska Premera Blue Cross Medicare, 1 877 602 - 7896	C California United Government Services, 1 866 804 - 0684
American Samoa United Government Services, 1 866 264 - 4990	Colorado Trailblazer Health Enterprises, 1 800 442 - 2620 TTY/TDD: 1 800 516 - 6684
Arizona Blue Cross Blue Shield of Arizona, 1 877 602 - 7909 TTY/TDD: 1 602 864 - 4823	Connecticut Empire Medicare Services, 1 800 442 - 8430 TTY/TDD: 1 877 623 - 6190

135 — Section 8: Information For Your Local Area (continued)

Telephone numbers for Fiscal Intermediaries (continued) - States D through I

Fiscal Intermediary: Call about Part A bills and services, hospital care, skilled nursing care, and fraud and abuse. Calls may be referred to another company that covers your claims.

D

Delaware

Empire Medicare Services,
1 800 442 - 8430
TTY/TDD: 1 877 623 - 6190

G (continued)

Guam

United Government
Services,
1 866 264 - 4990

F

Florida

First Coast Service
Options, Inc.,
1 800 333 - 7586
TTY/TDD: 1 800 754 - 7820
Note: Medicare Part A -
press #2

H

Hawaii

United Government
Services,
1 866 264 - 4990

G

Georgia

Blue Cross Blue Shield of
Georgia,
1 800 322 - 3380
TTY/TDD: 1 706 571 - 5454

I

Idaho

Medicare Northwest,
1 866 804 - 0681
TTY/TDD: 1 503 276 - 1899

136 __ Section 8: Information For Your Local Area (continued)

Telephone numbers for Fiscal Intermediaries (continued) - States I through L

Fiscal Intermediary: Call about Part A bills and services, hospital care, skilled nursing care, and fraud and abuse. Calls may be referred to another company that covers your claims.

I (continued) Illinois Anthem Insurance Companies, 1 877 602 - 2426 TTY/TDD: 1 866 737 - 8930	K Kansas Blue Cross Blue Shield of Kansas, 1 800 445 - 7170 TTY/TDD: 1 800 430 - 8757
Indiana Anthem Insurance Companies, 1 800 622 - 4792 TTY/TDD: 1 317 841 - 4677	Kentucky Anthem Insurance Companies, 1 800 999 - 7608 TTY/TDD: 1 866 284 - 0881
Iowa Cahaba Health Benefits Administrators, 1 877 910 - 8139	L Louisiana Trispan Health Services, 1 800 932 - 7644 TTY/TDD: 1 601 939 - 5704

137 — Section 8: Information For Your Local Area (continued)

Telephone numbers for Fiscal Intermediaries (continued) - State M

Fiscal Intermediary: Call about Part A bills and services, hospital care, skilled nursing care, and fraud and abuse. Calls may be referred to another company that covers your claims.

M

Maine

Associated Hospital
Services,
1 888 896 - 4997
TTY/TDD: 1 207 822 - 4646

M (continued)

Minnesota

Noridian Mutual Insurance
Company,
1 800 330 - 5935
TTY/TDD: 1 888 552 - 9336

Maryland

Care First Blue Cross Blue
Shield Maryland, Medicare
Part A,
1 800 655 - 1636

Mississippi

Trispan Health Services,
1 800 932 - 7644
TTY/TDD: 1 601 939 - 5704

Massachusetts

Associated Hospital
Services,
1 888 896 - 4997
TTY/TDD: 1 207 822 - 4646

Missouri

Mutual of Omaha,
1 877 647 - 6528

Michigan

United Government
Services,
1 866 804 - 0686

Montana

Blue Cross Blue Shield of
Montana,
1 800 447 - 7828 x 4086
TTY/TDD: 1 800 637 - 8010

138 — Section 8: Information For Your Local Area (continued)

Telephone numbers for Fiscal Intermediaries (continued) - State N

Fiscal Intermediary: Call about Part A bills and services, hospital care, skilled nursing care, and fraud and abuse. Calls may be referred to another company that covers your claims.

N Nebraska Blue Cross Blue Shield of Nebraska, 1 877 602 - 7775	N (continued) New Mexico Trailblazer Health Enterprises, 1 800 442 - 2620 TTY/TDD: 1 800 516 - 6684
Nevada Mutual of Omaha, 1 877 647 - 6528	New York Empire Medicare Services, 1 800 442 - 8430 TTY/TDD: 1 877 623 - 6190
New Hampshire Anthem Health Plans of New Hampshire-Vermont, 1 800 522 - 8323 TTY/TDD: 1 800 499 - 2865	North Carolina Blue Cross Blue Shield of North Carolina, 1 800 685 - 1512 TTY/TDD: 1 800 735 - 2962
New Jersey Riverbend Government Benefits Administrators, 1 866 641 - 2007	North Dakota Noridian Mutual Insurance Company, 1 888 241 - 1051 TTY/TDD: 1 888 552 - 9336

139 — Section 8: Information For Your Local Area (continued)

Telephone numbers for Fiscal Intermediaries (continued) - States N through S

Fiscal Intermediary: Call about Part A bills and services, hospital care, skilled nursing care, and fraud and abuse. Calls may be referred to another company that covers your claims.

N (continued)

Northern Mariana Islands

United Government
Services,
1 866 264 - 4990

P

Pennsylvania

Veritus Medicare Services,
1 800 853 - 1419
TTY/TDD: 1 800 452 - 8086

O

Ohio

Anthem Insurance
Companies,
1 877 602 - 2430
TTY/TDD: 1 866 737 - 8930

Puerto Rico

Cooperativa De Seguros
De Vida,
1 866 863 - 8598

Oklahoma

Group Health Service of
Oklahoma,
1 877 910 - 8153

R

Rhode Island

Blue Cross Blue Shield of
Rhode Island,
1 800 662 - 5170
TTY/TDD: 1 888 239 - 3356

Oregon

Medicare Northwest,
1 866 804 - 0681
TTY/TDD: 1 503 276 - 1899

S

South Carolina

Palmetto Government
Benefits Administrators,
1 800 583 - 2236
TTY/TDD: 1 803 935 - 0147

140 __ Section 8: Information For Your Local Area (continued)

Telephone numbers for Fiscal Intermediaries (continued) - States S through V

Fiscal Intermediary: Call about Part A bills and services, hospital care, skilled nursing care, and fraud and abuse. Calls may be referred to another company that covers your claims.

S (continued)

South Dakota

Cahaba Health Benefits
Administrators,
1 877 910 - 8139

U

Utah

Regence Blue Cross Blue
Shield of Utah,
1 877 602 - 8817
TTY/TDD: 1 800 346 - 4128

T

Tennessee

Riverbend Government
Benefit Administrators,
1 866 641 - 2007
TTY/TDD: 1 423 763 - 3088

V

Vermont

Anthem Health Plans of
New Hampshire-Vermont,
1 800 522 - 8323
TTY/TDD: 1 800 499 - 2865

Texas

Trailblazer Health
Enterprises,
1 800 442 - 2620
TTY/TDD: 1 800 516 - 6684

Virgin Islands

Cooperativa De Seguros
De Vida,
1 866 863 - 8598

141 — Section 8: Information For Your Local Area (continued)

Telephone numbers for Fiscal Intermediaries (continued) - States V through W

Fiscal Intermediary: Call about Part A bills and services, hospital care, skilled nursing care, and fraud and abuse. Calls may be referred to another company that covers your claims.

V (continued) Virginia United Government Services, 1 877 768 - 5471	W (continued) West Virginia United Government Services, 1 877 768 - 5471
W Washington Premera Blue Cross Medicare, 1 877 602 - 7896	Wisconsin United Government Services, 1 800 531 - 9695 TTY/TDD: 1 800 722 - 8140
Washington D.C. Care First Blue Cross Blue Shield Maryland, Medicare Part A, 1 800 655 - 1636	Wyoming Blue Cross Blue Shield of Wyoming, 1 888 557 - 2301

● End of Page

142 __ Section 8: Information For Your Local Area (continued)

Telephone numbers for Regional Home Health Intermediaries

Regional Home Health Intermediary (RHHI): Call about questions on Home Health care, hospice care, and fraud and abuse

If you live in:

Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, or Vermont

Your RHHI is:

Associated Hospital Service of Maine,
1 888 896 - 4997 (TTY/TDD: 1 207 822 - 4646)

If you live in:

Colorado, Delaware, Iowa, Kansas, Maryland, Missouri, Montana, Nebraska, North Dakota, Pennsylvania, South Dakota, Utah, Virginia, Washington D.C., West Virginia, or Wyoming

Your RHHI is:

Cahaba Health Benefits Administration,
1 877 910 - 8139

143 — Section 8: Information For Your Local Area (continued)

Telephone numbers for Regional Home Health Intermediaries (continued)

Regional Home Health Intermediary (RHHI): Call about questions on Home Health care, hospice care, and fraud and abuse

If you live in:

Alabama, Arkansas, Florida, Georgia, Illinois, Indiana, Kentucky, Louisiana, Mississippi, New Mexico, North Carolina, Ohio, Oklahoma, South Carolina, Tennessee, or Texas

Your RHHI is:

Palmetto Government Benefits Administration,
1 800 583 - 2236

If you live in:

Michigan, Minnesota, New Jersey, New York, Puerto Rico, Virgin Islands, or Wisconsin

Your RHHI is:

United Government Services,
1 800 531 - 9695 (TTY/TDD: 1 800 722 - 8140)

144 — Section 8: Information For Your Local Area (continued)

Telephone numbers for Regional Home Health Intermediaries (continued)

Regional Home Health Intermediary (RHHI): Call about questions on Home Health care, hospice care, and fraud and abuse

If you live in:

Hawaii

Your RHHI is:

United Government Services, 1 866 264 - 4990

If you live in:

Alaska, American Samoa, Arizona, California, Guam, Idaho, Nevada, Northern Mariana Islands, Oregon, or Washington

Your RHHI is:

United Government Services, 1 877 602 - 7904

145 — Section 8: Information For Your Local Area (continued)

Telephone numbers for Peer Review Organizations - States A through C

Peer Review Organization (PRO): Call about quality of care concerns, filing an appeal or complaint, or for questions about your rights as a hospital patient.

A Alabama Alabama Quality Assurance Foundation, 1 800 760 - 3540	A (continued) Arkansas Arkansas Foundation for Medical Care, Inc., 1 800 272 - 5528
Alaska PRO West, 1 800 445 - 6941 TTY/TDD: 1 800 251 - 8890	C California CMRI, 1 800 841 - 1602 TTY/TDD: 1 800 881 - 5980
American Samoa Mountain Pacific Quality Health Foundation, 1 800 524 - 6550	Colorado Colorado Foundation for Medical Care, Inc., 1 800 727 - 7086 TTY/TDD: 1 303 695 - 3314
Arizona Health Services Advisory Group, Inc., 1 800 359 - 9909	Connecticut Qualidigm, 1 800 553 - 7590

146 __ Section 8: Information For Your Local Area (continued)

Telephone numbers for Peer Review Organizations (continued) - States D through I

Peer Review Organization (PRO): Call about quality of care concerns, filing an appeal or complaint, or for questions about your rights as a hospital patient.

D Delaware Quality Insights of Delaware, 1 800 422 - 8804 in-state calls only	H Hawaii Mountain Pacific Quality Health Foundation, 1 800 524 - 6550
F Florida Florida Medical Quality Assurance, Inc., 1 800 844 - 0795	I Idaho PRO West, 1 800 445 - 6941 TTY/TDD: 1 800 251 - 8890
G Georgia Georgia Medical Care Foundation, 1 800 979 - 7217	Illinois Illinois Foundation for Quality Health Care, 1 800 647 - 8089
Guam Mountain Pacific Quality Health Foundation, 1 800 524 - 6550	Indiana Health Care Excel, Inc., 1 800 288 - 1499

147 __ Section 8: Information For Your Local Area (continued)

Telephone numbers for Peer Review Organizations (continued) - States I through M

Peer Review Organization (PRO): Call about quality of care concerns, filing an appeal or complaint, or for questions about your rights as a hospital patient.

I (continued)

Iowa

Iowa Foundation for Medical Care, Inc.,
1 800 752 - 7014

M

Maine

Northeast Health Care Quality Foundation,
1 800 772 - 0151 in-state calls only

K

Kansas

The Kansas Foundation For Medical Care, Inc.,
1 800 432 - 0407

Maryland

Delmarva Foundation for Medical Care,
1 800 492 - 5811

Kentucky

Health Care Excel, Inc.,
1 800 288 - 1499

Massachusetts

Massachusetts Peer Review Organization,
1 800 252 - 5533 in-state calls only

L

Louisiana

Louisiana Health Care Review, Inc.,
1 800 433 - 4958 in-state calls only

Michigan

Michigan Peer Review Organization, Inc.,
1 800 365 - 5899

148 __ Section 8: Information For Your Local Area (continued)

Telephone numbers for Peer Review Organizations (continued) - States M through N

Peer Review Organization (PRO): Call about quality of care concerns, filing an appeal or complaint, or for questions about your rights as a hospital patient.

M (continued)	N
Minnesota Stratis Health, 1 800 444 - 3423	Nebraska Sunderbruch Corporation, 1 800 247 - 3004
Mississippi Mississippi Foundation For Medical Care, Inc., 1 800 844 - 0600	Nevada HealthInsight, 1 800 748 - 6773
Missouri Missouri Patient Care Review Foundation, 1 800 347 - 1016	New Hampshire Northeast Health Care Quality Foundation, 1 800 772 - 0151 in-state calls only
Montana Mountain Pacific Quality Health Foundation, 1 800 497 - 8232	New Jersey The Peer Review Organization of New Jersey, Inc., 1 800 624 - 4557 in-state calls only

149 __ Section 8: Information For Your Local Area (continued)

Telephone numbers for Peer Review Organizations (continued) - States N through O

Peer Review Organization (PRO): Call about quality of care concerns, filing an appeal or complaint, or for questions about your rights as a hospital patient.

N (continued) New Mexico New Mexico Medical Review Association, 1 800 279 - 6824	N (continued) Northern Mariana Islands Mountain Pacific Quality Health Foundation, 1 800 524 - 6550
New York Island Peer Review Organization - IPRO, 1 800 331 - 7767	O Ohio Ohio KePRO, Inc., 1 800 589 - 7337
North Carolina Medical Review Of North Carolina, Inc., 1 800 722 - 0468	Oklahoma Oklahoma Foundation For Medical Quality, Inc., 1 800 522 - 3414 in-state calls only
North Dakota North Dakota Health Care Review, Inc., 1 800 472 - 2902 in-state calls only	Oregon OMPRO, 1 800 344 - 4354

150 __ Section 8: Information For Your Local Area (continued)

Telephone numbers for Peer Review Organizations (continued) - States P through U

Peer Review Organization (PRO): Call about quality of care concerns, filing an appeal or complaint, or for questions about your rights as a hospital patient.

P Pennsylvania Keystone Peer Review Organization - KePRO, 1 800 322 - 1914	S (continued) South Dakota South Dakota Foundation for Medical Care, Inc., 1 800 658 - 2285
Puerto Rico Quality Improvement Professional Research Organization, 1 800 981 - 5062 in-state calls only	T Tennessee Mid South Foundation For Medical Care, Inc., 1 800 489 - 4633
R Rhode Island Rhode Island Quality Partners, Inc., 1 800 662 - 5028	Texas Texas Medical Foundation, 1 800 725 - 8315
S South Carolina Carolina Medical Review, 1 800 922 - 3089 in-state calls only	U Utah HealthInsight, 1 800 274 - 2290

151 — Section 8: Information For Your Local Area (continued)

Telephone numbers for Peer Review Organizations (continued) - States V through W

Peer Review Organization (PRO): Call about quality of care concerns, filing an appeal or complaint, or for questions about your rights as a hospital patient.

V

Vermont

Northeast Health Care
Quality Foundation,
1 800 772 - 0151 in-state
calls only

W (continued)

Washington D.C.

Delmarva Foundation for
Medical Care,
1 800 645 - 0011

Virgin Islands

Virgin Island Medical
Institute, Inc.,
1 340 712 - 2400
Note: 340 712 - 2444 Hotline

West Virginia

West Virginia Medical
Institute, Inc.,
1 800 642 - 8686 x 2266

Virginia

Virginia Health Quality
Center,
1 800 545 - 3814 in-state
calls only
TTY/TDD: 1 800 828 - 1140

Wisconsin

MetaStar,
1 800 362 - 2320

W

Washington

PRO West,
1 800 445 - 6941
TTY/TDD: 1 800 251 - 8890

Wyoming

Mountain Pacific Quality
Health Foundation,
1 800 497 - 8232

152 __ Section 8: Information For Your Local Area (continued)

Telephone numbers for State Insurance Departments - States A through F

State Insurance Department: Call with questions about the Medigap policies sold in your area and any insurance-related problems.

A Alabama 1 800 433 - 3966 in-state calls only	C California 1 800 927 - 4357 in-state calls only
Alaska 1 800 467 - 8725 in-state calls only	Colorado 1 800 930 - 3745 in-state calls only
American Samoa Number Not Available	Connecticut 1 800 203 - 3447 in-state calls only
Arizona 1 800 325 - 2548 in-state calls only	D Delaware 1 800 282 - 8611 in-state calls only
Arkansas 1 800 224 - 6330	F Florida 1 800 342 - 2762 in-state calls only

153 — Section 8: Information For Your Local Area (continued)

Telephone numbers for State Insurance Departments (continued) - States G through L

State Insurance Department: Call with questions about the Medigap policies sold in your area and any insurance-related problems.

G Georgia 1 800 656 - 2298 in-state calls only	I (continued) Indiana 1 800 622 - 4461 in-state calls only
Guam Number Not Available	Iowa 1 800 351 - 4664
H Hawaii 1 808 586 - 2790 Hawaii only	K Kansas 1 800 432 - 2484 in-state calls only
I Idaho 1 800 721 - 3272 in-state calls only	Kentucky 1 800 595 - 6053
Illinois 1 312 814 - 2427	L Louisiana 1 800 259 - 5301 in-state calls only

154 — Section 8: Information For Your Local Area (continued)

Telephone numbers for State Insurance Departments (continued) - States M through N

State Insurance Department: Call with questions about the Medigap policies sold in your area and any insurance-related problems.

M Maine 1 800 300 - 5000 in-state calls only	M (continued) Missouri 1 800 726 - 7390
Maryland 1 800 492 - 6116	Montana 1 800 332 - 6148 in-state calls only
Massachusetts 1 617 521 - 7794	N Nebraska 1 800 234 - 7119
Michigan 1 877 999 - 6442	Nevada 1 800 992 - 0900 in-state calls only
Minnesota 1 800 657 - 3602 in-state calls only	New Hampshire 1 800 852 - 3416
Mississippi 1 800 562 - 2957 in-state calls only	New Jersey 1 609 292 - 5360

155 __ Section 8: Information For Your Local Area (continued)

Telephone numbers for State Insurance Departments (continued) - States N through P

State Insurance Department: Call with questions about the Medigap policies sold in your area and any insurance-related problems.

N (continued) New Mexico 1 800 947 - 4722 in-state calls only	O Ohio 1 800 686 - 1578
New York 1 800 342 - 3736 Also has toll free Spanish Line 1 800 218 - 8222 in-state Only	Oklahoma 1 800 522 - 0071 in-state calls only
North Carolina 1 800 443 - 9354 in-state calls only	Oregon 1 800 722 - 4134 in-state calls only
North Dakota 1 800 247 - 0560	P Pennsylvania 1 877 881 - 6388 in-state calls only
Northern Mariana Islands Number Not Available	Puerto Rico 1 787 722 - 8686

156 __ Section 8: Information For Your Local Area (continued)

Telephone numbers for State Insurance Departments (continued) - States R through W

State Insurance Department: Call with questions about the Medigap policies sold in your area and any insurance-related problems.

R Rhode Island 1 401 222 - 2223	U Utah 1 866 350 - 6242 in-state calls only
S South Carolina 1 800 768 - 3467 in-state calls only	V Vermont 1 800 631 - 7788 in-state calls only
South Dakota 1 605 773 - 3563	Virgin Islands 1 340 774 - 7166
T Tennessee 1 800 525 - 2816	Virginia 1 800 552 - 7945 in-state calls only
Texas 1 800 252 - 3439	W Washington 1 800 397 - 4422

157 __ Section 8: Information For Your Local Area (continued)

Telephone numbers for State Insurance Departments (continued) - State W

State Insurance Department: Call with questions about the Medigap policies sold in your area and any insurance-related problems.

W (continued)

Washington D.C.

1 202 727 - 8000

West Virginia

1 800 642 - 9004 in-state calls only

Wisconsin

1 800 236 - 8517 in-state calls only

Wyoming

1 800 438 - 5768 in-state calls only

● End of Page

158 __ Section 8: Information For Your Local Area (continued)

Telephone numbers for State Medical Assistance Offices - States A through F

State Medical Assistance Office: Call about programs to help pay medical bills for people with low incomes.

A Alabama 1 800 362 - 1504 in-state calls only	C California 1 916 636 - 1980
Alaska 1 800 211 - 7470 in-state calls only	Colorado 1 800 221 - 3943
American Samoa 1 808 587 - 3521	Connecticut 1 800 842 - 1508 in-state calls only
Arizona 1 800 523 - 0231	D Delaware 1 800 372 - 2022 in-state calls only
Arkansas 1 800 482 - 8988	F Florida 1 888 419 - 3456

159 — Section 8: Information For Your Local Area (continued)

Telephone numbers for State Medical Assistance Offices (continued) - States G through L

State Medical Assistance Office: Call about programs to help pay medical bills for people with low incomes.

G Georgia 1 800 766 - 4456	I (continued) Indiana 1 317 232 - 4966
Guam Number Not Available	Iowa 1 800 972 - 2017
H Hawaii 1 808 587 - 3521	K Kansas 1 800 766 - 9012
I Idaho 1 877 200 - 5441	Kentucky 1 800 635 - 2570
Illinois 1 800 252 - 8635 in-state calls only	L Louisiana 1 888 342 - 6207 in-state calls only

160 __ Section 8: Information For Your Local Area (continued)

Telephone numbers for State Medical Assistance Offices (continued) - States M through N

State Medical Assistance Office: Call about programs to help pay medical bills for people with low incomes.

M Maine 1 800 452 - 1926 in-state calls only	M (continued) Missouri 1 800 392 - 2161
Maryland 1 800 492 - 5231	Montana 1 800 362 - 8312
Massachusetts 1 800 841 - 2900	N Nebraska 1 800 430 - 3244
Michigan 1 800 642 - 3195 1 888 367 - 6557 for recipients out of Michigan	Nevada 1 800 992 - 0900 X 4776 in-state calls only
Minnesota 1 800 657 - 3659	New Hampshire 1 800 852 - 3345 in-state calls only
Mississippi 1 800 421 - 2408 in-state calls only	New Jersey 1 800 356 - 1561 in-state calls only

161 __ Section 8: Information For Your Local Area (continued)

Telephone numbers for State Medical Assistance Offices (continued) - States N through S

State Medical Assistance Office: Call about programs to help pay medical bills for people with low incomes.

N (continued) New Mexico 1 888 997 - 2583	O (continued) Oklahoma 1 800 522 - 0310 in-state calls only
New York 1 800 541 - 2831	Oregon 1 800 273 - 0557
North Carolina 1 800 662 - 7030 in-state calls only	P Pennsylvania 1 800 692 - 7462
North Dakota 1 800 755 - 2604	Puerto Rico 1 787 250 - 7429
Northern Mariana Islands 1 808 587 - 3521	R Rhode Island 1 401 462 - 5300
O Ohio 1 800 324 - 8680	S South Carolina 1 803 898 - 2500

162 __ Section 8: Information For Your Local Area (continued)

Telephone numbers for State Medical Assistance Offices (continued) - States S through W

State Medical Assistance Office: Call about programs to help pay medical bills for people with low incomes.

S (continued) South Dakota 1 605 773 - 4678	V (continued) Virginia 1 804 786 - 7933
T Tennessee 1 800 669 - 1851	W Washington 1 800 562 - 3022
Texas 1 800 252 - 8263	Washington D.C. 1 202 724 - 5506
U Utah 1 800 662 - 9651	West Virginia 1 304 558 - 1700
V Vermont 1 800 250 - 8427	Wisconsin 1 800 362 - 3002
Virgin Islands 1 787 250 - 7429	Wyoming 1 800 251 - 1269

163 __ Section 8: Information For Your Local Area (continued)

Telephone numbers for Centers for Medicare & Medicaid Services Regional Offices

Centers for Medicare & Medicaid Services (CMS)

Regional Offices: Call for information about reporting a complaint directly to CMS.

1 617 565 - 1232

Connecticut, Maine,
Massachusetts,
New Hampshire,
Rhode Island, Vermont

1 312 353 - 7180

Illinois, Indiana, Michigan,
Minnesota, Ohio,
Wisconsin

1 212 264 - 3657

New Jersey, New York,
Puerto Rico, Virgin Islands

1 214 767 - 6401

Arkansas, Louisiana,
New Mexico, Oklahoma,
Texas

1 215 861 - 4226

Delaware, Maryland,
Pennsylvania, Virginia,
Washington D.C.,
West Virginia

1 816 426 - 2866

Iowa, Kansas, Missouri,
Nebraska

1 404 562 - 7500

Alabama, Florida, Georgia,
Kentucky, Mississippi,
North Carolina,
South Carolina, Tennessee

1 303 844 - 4024

Colorado, Montana,
North Dakota,
South Dakota, Utah,
Wyoming

164 — Section 8: Information For Your Local Area (continued)

Telephone numbers for Centers for Medicare & Medicaid Services Regional Offices (continued)

Centers for Medicare & Medicaid Services (CMS)
Regional Offices: Call for information about reporting a complaint directly to CMS.

1 415 744 - 3602

American Samoa, Arizona,
California, Guam, Hawaii,
Nevada, Northern Mariana
Islands

1 206 615 - 2354

Alaska, Idaho, Oregon,
Washington

● **End of Page**

165 __ Section 8: Information For Your Local Area (continued)

Telephone number for the Office for Civil Rights

Office for Civil Rights: Call for information about submitting a complaint about discrimination.

- You can call toll-free 1 800 368 - 1019, (TTY/TDD: 1 800 537 - 7697 for the hearing and speech impaired).
- Look at www.medicare.gov on the Web to get the local number or TTY/TDD number for your state. Click on "Helpful Contacts."
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1 800 633 - 4227 — 16 - 17, 109, 114

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You are protected from discrimination

Every company or agency that works with Medicare must obey the law. You cannot be treated differently because of your race, color, national origin, disability, age, or religion under certain conditions. If you think that you have not been treated fairly for any of these reasons, call the Office for Civil Rights in your state (see page 165).

● **End of Page**

Notes: _____



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